Prescription Drug Plan Options

Benefit	In-Network		Out-of-Network
National Plus Prescription Drug Program *(Defined by National Plus Pharmacy Network - Not Physician Network)*	Retail – 34-day supply Mail Order – 90-day supply Mandatory Generic①		Not Covered
Option A	Retail ➢ $10 copayment generic ➢ $20 copayment brand	Mail-Order ➢ $20 copayment generic ➢ $40 copayment brand	
Option B	Retail ➢ $15 copayment generic ➢ $40 copayment brand	Mail Order ➢ $30 copayment generic ➢ $80 copayment brand	
Option C	Retail ➢ $20 copayment generic ➢ $50 copayment brand	Mail Order ➢ $40 copayment generic ➢ $100 copayment brand	
Option D	Retail ➢ $10 copayment generic ➢ $20 copayment brand formulary② ➢ $35 copayment non-formulary	Mail Order ➢ $20 copayment generic ➢ $40 copayment brand formulary② ➢ $70 copayment non-formulary	
Option E	Retail ➢ $15 copayment generic ➢ $30 copayment brand formulary② ➢ $45 copayment non-formulary	Mail Order ➢ $30 copayment generic ➢ $60 copayment brand formulary② ➢ $90 copayment non-formulary	
Option F	Retail ➢ $20 copayment generic ➢ $40 copayment brand formulary② ➢ $80 copayment non-formulary	Mail Order ➢ $40 copayment generic ➢ $80 copayment brand formulary② ➢ $160 copayment non-formulary	

① The member is responsible for the payment differential when a generic drug is authorized by the physician and the patient elects to purchase a brand drug. The member payment is the price difference between the brand drug and generic drug in addition to the brand drug copayment or coinsurance amounts, which may apply.

② The formulary is an extensive list of Food & Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copayment or coinsurance amounts listed above.

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