

Your Prescription Medication Benefits

The amounts listed in this chart are the amounts you will pay for prescriptions.

	All Other Health Plans	High Deductible Health Plan with HSA
	No Deductible	After Deductible
Out-of-Pocket Maximum	Applies to in-network medical out-of-pocket maximum	
CommonSpirit Health Pharmacy (if available) – Retail (30-day) and Home Delivery (90-day)		
Generic		
• Retail (30-day)		\$5 copay
• Home Delivery (90-day)		\$12.50 copay
Preferred Brand		
• Retail (30-day)		15% (\$20 min/\$55 max)
• Home Delivery (90-day)		15% (\$50 min/\$87.50 max)
Non-Preferred Brand		
• Retail (30-day)		25% (\$32.50 min/\$80 max)
• Home Delivery (90-day)		25% (\$80 min/\$162.50 max)
Capital Rx Pharmacy Network (if available) – Retail (30-day) and Home Delivery (90-day)		
Generic		
• Retail (30-day)		\$10 copay
• Home Delivery (90-day)		\$25 copay
Preferred Brand		
• Retail (30-day)		30% (\$40 min/\$110 max)
• Home Delivery (90-day)		30% (\$100 min/\$175max)
Non-Preferred Brand		
• Retail (30-day)		50% (\$65 min/\$160 max)
• Home Delivery (90-day)		50% (\$160 min/\$325 max)