

# 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
<b>Out-of-Pocket Maximum</b>	Applies to in-network medical out-of-pocket maximum	
<b>CommonSpirit Health Pharmacy (if available) – Retail (30-day) and Home Delivery (90-day)</b>		
<b>Generic</b>		
• Retail (30-day)		\$5 copay
• Home Delivery (90-day)		\$12.50 copay
<b>Preferred Brand</b>		
• Retail (30-day)		15% (\$20 min/\$55 max)
• Home Delivery (90-day)		15% (\$50 min/\$87.50 max)
<b>Non-Preferred Brand</b>		
• Retail (30-day)		25% (\$32.50 min/\$80 max)
• Home Delivery (90-day)		25% (\$80 min/\$162.50 max)
<b>Capital Rx Pharmacy Network (if available) – Retail (30-day) and Home Delivery (90-day)</b>		
<b>Generic</b>		
• Retail (30-day)		\$10 copay
• Home Delivery (90-day)		\$25 copay
<b>Preferred Brand</b>		
• Retail (30-day)		30% (\$40 min/\$110 max)
• Home Delivery (90-day)		30% (\$100 min/\$175max)
<b>Non-Preferred Brand</b>		
• Retail (30-day)		50% (\$65 min/\$160 max)
• Home Delivery (90-day)		50% (\$160 min/\$325 max)