

Copay Increase

Effective for eligible claims incurred on and after January 1, 2017, the prescription drug copays are increased as described below:

	Any Network Pharmacy <i>(up to a 30-day supply*)</i>	Maintenance Choice® Mail-Order or CVS Pharmacy <i>(up to a 90-day supply**)</i>
Generic	\$10 copay	\$20 copay
Preferred Brand	You pay 25% <i>(\$30 min, \$50 max)</i>	You pay 25% <i>(\$60 min, \$100 max)</i>
Non-Preferred Brand	You pay 30% <i>(\$50 min, \$100 max)</i>	You pay 30% <i>(\$100 min, \$200 max)</i>
Out-of-Network Pharmacy		No Coverage
<i>*Two fill limit on maintenance/long-term prescriptions</i>		
<i>**No fill limit</i>		

Generic Substitutions

Effective for eligible claims incurred on and after January 1, 2017, your prescription for brand-name drugs will automatically be filled with a generic drug unless your prescription specifies that it is medically necessary for you to use the brand-name drug. If your doctor indicates it is medically necessary, you will be responsible for paying the appropriate brand-name drug copay with no penalty.

If it is not medically necessary for you to fill your prescription with a brand-name drug and a generic drug is available, you will be responsible for the difference in cost between the generic drug and brand-name drug, plus the generic drug copay, if you choose to fill the prescription with a brand-name drug.