



This is only a summary. If you want more details about your Rx coverage and costs, contact True Rx Health Strategists at: 1-866-921-4047.

Rx Plan Parameters	Your cost if you use an		Limitations & Exceptions
	In-network	Out-of-network	
Generic Drugs	30 Day Supply: \$15 90 Day Supply: \$30 CVS/Walgreens/RiteAid 30 Day Supply: \$30 90 Day Supply: \$60	Not Covered	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Preferred Brand Drugs	30 Day Supply: \$30 + 30% (\$65 Max) 90 Day Supply: \$70 CVS/Walgreens/RiteAid 30 Day Supply: \$60 + 30% (\$130 Max) 90 Day Supply: \$140	Not Covered	
Non-Preferred Brand Drugs	30 Day Supply: \$50 + 30% (\$85 Max) 90 Day Supply: \$130 CVS/Walgreens/RiteAid 30 Day Supply: \$100 + 30% (\$170 Max) 90 Day Supply: \$260	Not Covered	
Specialty Drugs	Not Covered	Not Covered	