Prescription Drug Coverage At-a-Glance

	Core Plan		Consumer Plan with HSA		Core Plus Plan	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Annual deductible	$0 (not combined with medical)	N/A	Combined with medical	N/A	$0 (not combined with medical)	N/A
Retail Pharmacy (typically a 30-day supply)						
Tier 1 *(generic drugs)*	$10	Not covered	$10 after deductible	Not covered	$10	Not covered
Tier 2* *(preferred, brand-name drugs)*	$35	Not covered	$35 after deductible	Not covered	$35	Not covered
Tier 3* *(non-preferred, brand-name drugs)*	$60	Not covered	$60 after deductible	Not covered	$60	Not covered
Tier 4 *(specialty drugs)*	$125	Not covered	$125 after deductible	Not covered	$125	Not covered
Home Delivery (up to a 90-day supply)						
All tiers	2.5x retail copay	Not covered	2.5x retail copay	Not covered	2.5x retail copay	Not covered