

SUMMARY OF IN-NETWORK MEDICAL PLAN OPTIONS 2024



	SHP 1 (PPO)	SHP 2 (HDHP) ³
Prescription Drugs	Deductible does not apply	After deductible is met
Retail <i>Up to 34-Day Prescriptions</i>	\$15 Generic \$45 Brand Formulary (Preferred Brand) \$85 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 80%; Member 20%
Express Scripts National Pharmacy Network	Nationwide network which includes CVS, Rite Aid, Walmart, and more	
Mail Order or Smart90 <i>Up to 90-Day Prescriptions</i>	\$30 Generic \$90 Brand Formulary (Preferred Brand) \$170 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 80%; Member 20%
Express Scripts Home Delivery or Smart90 Standard Pharmacy Network	Long-term maintenance medication up to 90-day supply filled either through Express Scripts Home Delivery or a Smart90 Standard retail pharmacy which includes Rite Aid, Walmart, and more	
Specialty <i>Up to 34-Day Prescriptions</i> <i>Up to 90-Day Prescriptions, if allowable</i>	\$100 \$200	Deductible, then Plan pays 80%; Member 20%

For additional information about your Prescription Drug benefits, please contact Express Scripts at 866-275-0044 or online at www.express-scripts.com.