

# Low Deductible Health Plan

## (\$1,500 single coverage / \$3,750 family coverage)

- The Low Deductible Health Plan deductible will be \$1,500 for single coverage or \$3,750 for a family of three or more.
- The in-network, out-of-pocket maximum for this plan is \$4,400 per person or \$9,375 for a family of three or more.
- The prescription deductible is \$150.
- The annual prescription out-of-pocket maximum for the Low Deductible Health Plan is \$1,500 per person or \$3,750 for a family of three or more.
- See comparison chart on page 6.

## How Prescription Drug Coverage Works

There is a separate \$150 deductible (per person, per plan year) for prescription drugs on the Low Deductible Health Plan. Copayments apply after you meet the deductible. If the price is less than the listed copayment, you will pay the lesser of the two amounts.

### PRESCRIPTION DRUG COVERAGE UNDER THE LOW DEDUCTIBLE HEALTH PLAN

*Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment	60-90 Day Supply Copayment
Tier 1 - Generic	\$15	\$37.50
Tier 2 - Brand Preferred	\$55	\$137.50
Tier 3 - Brand Non-Preferred	\$75	\$187.50
Tier 4 - Specialty Preferred	\$85	n/a
Tier 5 - Specialty Non-Preferred	\$110	n/a

\*To determine your prescription's category, please visit your local pharmacy or call CVS at 1.866.443.1185.

