

Non-Medicare Prescription Plan Member Drug Costs

Effective July 1, 2024

Up to a 30-Day Supply (Available at a <u>participating</u> retail pharmacy)		
Non-Specialty Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
Generic Drugs	\$10 Copay	Not Covered
Preferred Brand Name (Formulary)	\$32 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$60 Copay	Not Covered

Up to a 90-Day Supply (Available at a <u>participating</u> retail pharmacy or through Home Delivery)		
Non-Specialty Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
Generic Drugs	\$20 Copay	Not Covered
Preferred Brand Name (Formulary)	\$64 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$120 Copay	Not Covered

Preventive Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
<i>Drugs classified as preventive under the Affordable Care Act may be covered at 100%.</i>	\$0 Copay (no member cost)	Not Covered

Up to a 30-Day Supply (Available ONLY at CVS Specialty® Pharmacy through Home Delivery)		
Specialty Drugs	Enrolled in PrudentRx	Not Enrolled in PrudentRx
<i>The PrudentRx® program applies to all specialty medications on the CVS Caremark Specialty Drug List.</i>	\$0 Copay (no member cost)	30% Coinsurance

**PrudentRx is an independent third-party organization that allows members to get specialty medications at no cost by obtaining copay assistance from drug manufacturers. Members must take action to ensure proper participation in the program.*

Fertility Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
<i>There is a \$15,000 lifetime maximum for all prescriptions for fertility under the State of Delaware prescription plan.</i>	25% Coinsurance	Not Covered

Annual Out-of-Pocket Maximums	In-Network Pharmacy	Out-of-Network Pharmacy
<i>Once your out-of-pocket prescription drug expenses reach this amount, the plan will cover 100% of your eligible expenses.</i>	\$2,100 per Employee \$4,200 per Family	Not Applicable

Lasted Update April 15, 2024