

# Non-Medicare Prescription Plan Member Drug Costs

Effective July 1, 2026

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		
<i>Drugs classified as preventive under the Affordable Care Act may be covered at 100%.</i>	\$0 Copay	Not Covered

Up to a 30-Day Supply (Available <b>ONLY</b> 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	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.

Weight Loss Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
<i>GLP-1 medications such as <b>Wegovy</b> and <b>Zepbound</b>*. This drug class is excluded from the prescription Annual Out-of-Pocket Maximums.</i>	\$200 Copay (per 30 Day Supply)	Not Covered

\* Zepbound is currently excluded from the State of Delaware's formulary, however, coverage may be approved through the clinical exception process for eligible members.

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