Covered prescription medications are available at participating pharmacies.

Covered prescription drugs are subject to your plan’s deductible. This means that you need to pay the full cost of your medications until you reach the required deductible amount. See the Schedule of Benefits for your plan’s deductible amount. Once you meet the deductible for the year, you pay either a copayment or coinsurance.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail</th>
<th>Mail (up to a 90-day supply)</th>
</tr>
</thead>
</table>
| Tier 1| **Up to a 30-day supply:** Deductible, then $5 copayment  
**Up to a 90-day supply:** Deductible, then $15 copayment | Deductible, then $10 copayment |
| Tier 2| **Up to a 30-day supply:** Deductible, then $20 copayment  
**Up to a 90-day supply:** Deductible, then $60 copayment | Deductible, then $40 copayment |
| Tier 3| **Up to a 30-day supply:** Deductible, then $30 copayment  
**Up to a 90-day supply:** Deductible, then $90 copayment | Deductible, then $60 copayment |
| Tier 4| **Up to a 30-day supply:** Deductible, then $50 copayment  
**Up to a 90-day supply:** Deductible, then $150 copayment | Deductible, then $150 copayment |

Your plan has an annual out-of-pocket maximum, which is listed on the Schedule of Benefits. Once you have reached the out-of-pocket maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.