

## Summary of Pharmacy Benefit Plans for 2024

	<b>EPO**</b>	<b>HDHP</b>	<b>PPO</b>
	30-day supply	30-day supply	30-day supply
<b>Tier 0</b>	\$0, ACA only	\$0, ACA + VBD*	\$0, ACA + VBD*
<b>Tier 1</b> Preferred Generics	\$30 Copay	100% cost until Deductible has been met then Member pays 20% (Min \$10, Max \$30)	\$10 Copay
<b>Tier 2</b> Preferred non-value based Brands	100% cost until Deductible has been met then Member pays 40% (Min \$60, Max \$120)	100% cost until Deductible has been met then Member pays 20% (Min \$30, Max \$60)	\$30 Copay
<b>Tier 3</b> Non- Preferred Brands and Specialty Medications	100% cost until Deductible has been met then Member pays 50% (Min \$120, Max \$300)	100% cost until Deductible has been met then Member pays 30% (Min \$60, Max \$100)	100% cost until Deductible has been met then Member pays 20% (Min \$60, Max \$100)
<b>Tier 4</b> Non-preferred	Member pays 100% Does not apply to Deductible will apply to OOP Max	Member pays 100% Does not apply to Deductible will apply to OOP Max	Member pays 100% Does not apply to Deductible will apply to OOP Max
<b>Tiers where Deductible applies on plan</b>	Tier 2 & 3	Tier 1, 2 & 3	Tier 3

**Note:** ACA—Affordable Care Act; VBD—Value Based Drug; OOP- Out of Pocket

**Note:** You may be required to enroll in Copay assistance with both the manufacturer and with EpiphanyRx in order to receive your max benefit on costs. Call EpiphanyRx at 844-547-0399 to enroll.

**\*VBD(Value Based Drug List) medications** are at a \$0 to low cost copay (copay assistance may be required)

**\*\* EPO Plans must use in-network pharmacies (Walgreens pharmacies or CHNw Specialty)**

**Maintenance medications** are still on the mandatory 90 day fill program through Walgreens or Walgreens Mailorder (if medications are not filled for 90 day after the first 3- 30 day fills medications on the 4th 30 day fill will show as full cost)