

Prescription Drug Benefit – Rx Plan 7

	Per Individual	Per Family
Deductible	\$250	\$500

	Retail (30-day supply)	Mail-Order (90-day supply)
OTC (Over the Counter with Prescription) Prilosec, Claritin, Zyrtec	\$5 Copay	\$10 Copay
Generic – Preferred	\$10 Copay	\$20 Copay
Generic Non-Preferred	\$20 Copay	\$40 Copay
Brand Name – Preferred	\$50 Copay	\$100 Copay
Brand Name Non-Preferred	50% Coinsurance (\$200 Max Copay)	50% Coinsurance (\$400 Max Copay)

1. Mandatory generic when available or member pays copay plus the difference
2. The copay that will be paid is per prescription dispensed up to a 30-day supply for retail and up to a 90-day supply for mail-order
3. Step Therapy Program

Participating Network Pharmacy Providers

The following national chains participate in the ADVANTAGE Pharmacy Provider Network, administered by EnvisionRx. In addition, many local independent retailers participate as well as Orchard Pharmaceutical Services (our contracted mail-order pharmacy).

Costco	Meijer
CVS	Target
K-Mart	Wal-Mart/Sam's Club
Kroger	Walgreens
Marsh	