

VitalChoice Prescription Schedule of Benefits (Effective July 01, 2019 - June 30, 2020)  
AAMC Employees and Eligible Dependents



		AAMC Pharmacy	Retail Pharmacy - Limited to Initial Emergency Prescription Only	Retail Pharmacy - Non Emergent
Plan Year Deductible	Individual	\$0	\$0	\$250 deductible, waived for first fill of Emergency Prescription Only (30 day supply)
	Family	\$0	\$0	\$0
Out-of-Pocket Maximum	Individual	\$3600	\$3600	\$3600
	Family	\$7200	\$7200	\$7200
Lifetime Maximum			Unlimited	

Services & Supplies (In Alphabetical Order)		AAMC Pharmacy	Retail Pharmacy - Limited to Initial Emergency Prescription Only	Retail Pharmacy - Non Emergent
Oral Contraceptives	Generic	100%	Not Covered	75% of R&C after deductible
	Preferred Brand	75%	Not Covered	75% of R&C after deductible
	Non-Preferred Brand	65%	Not Covered	75% of R&C after deductible
	Specialty Medications	Not Applicable	Not Covered	75% of R&C after deductible
Prescription Drugs	Generic	90%	90%	75% of R&C after deductible
	Preferred Brand	75%	75%	75% of R&C after deductible
	Non-Preferred Brand	65%	65%	75% of R&C after deductible
	Brand with Generic Equivalent	65% coinsurance PLUS the difference in the cost between the generic and brand name. If you purchase a brand name drug when a generic equivalent is available, regardless of whether it is prescribed as medically necessary by a provider, you will pay the difference in cost in addition to the coinsurance (not to exceed the full cost of the brand name drug)	65%	75% of R&C after deductible
	Specialty Medications	65%, available exclusively through EnvisionSpecialty (877-437-9012)	65%	75% of R&C after deductible