

Prescription Schedule of Benefits (Effective July 01, 2019 - June 30, 2020)
 Broadway Services Inc. Employees and Eligible Dependents



		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Plan Year Deductible	Individual	\$0	\$0	\$0
	Family	\$0	\$0	\$0
Out-of-Pocket Maximum	Individual	No Maximum	No Maximum	No Maximum
	Family	No Maximum	No Maximum	No Maximum
Lifetime Maximum	Unlimited			

Services & Supplies (In Alphabetical Order)		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Oral Contraceptives	Generic	Not Covered	Not Covered	Not Covered
	Preferred Brand	Not Covered	Not Covered	Not Covered
	Non-Preferred Brand	Not Covered	Not Covered	Not Covered
	Specialty Medications	Not Covered	Not Covered	Not Covered
Prescription Drugs	Generic	\$10	\$30	\$20
	Preferred Brand	\$20	\$60	\$40
	Non-Preferred Brand	\$30	\$90	\$60
	Brand with Generic Equivalent	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand
	Specialty Medications	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand