

Prescription Schedule of Benefits (Effective January 01, 2018)  
Howard County General Hospital/TCAS 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	\$4700	\$4700	\$4700
	Family	\$9400	\$9400	\$9400
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	\$0	Not Available	\$0
	Preferred Brand	25% up to a maximum of \$100	Not Available	25% up to a maximum of \$200
	Non-Preferred Brand	50% up to a maximum of \$100	Not Available	50% up to maximum of \$200
Prescription Drugs	Generic	\$20	Not Available	\$40
	Preferred Brand	25% up to a maximum of \$100	Not Available	25% up to a maximum of \$200
	Non-Preferred Brand	50% up to a maximum of \$100	Not Available	50% up to a maximum of \$200
	Brand with Generic Equivalent	Refer to Preferred/Non-Preferred Brand	Not Available	Refer to Preferred/Non-Preferred Brand