

Prescription Schedule of Benefits (Effective January 01, 2018 - December 31, 2018)
 Sibley Memorial Hospital 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	\$4600	\$4600	\$4600
	Family	\$9200	\$9200	\$9200
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	\$0	\$0
	Preferred Brand	\$30	\$90	\$60
	Non-Preferred Brand	\$50	\$150	\$100
	Specialty Medications	Not Available	Not Available	Not Available
Prescription Drugs	Generic	\$10	\$30	\$20
	Preferred Brand	\$30	\$90	\$60
	Non-Preferred Brand	\$50	\$150	\$100
	Brand with Generic Equivalent	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand	Not Available
	Specialty Medications	Preferred \$100 / Non-Preferred Brand \$150	Not Available	Not Available