

Prescription PPO Plan Schedule of Benefits (Effective January 01, 2019)  
 Suburban Hospital Employees and Eligible Dependents



		In-Network Retail Pharmacy (30-day supply)	Mail Order Only (90-day supply)
Plan Year Deductible	Individual	\$0	\$0
	Family	\$0	\$0
Out-of-Pocket Maximum	Individual	\$4100	\$4100
	Family	\$8200	\$8200
Lifetime Maximum	Unlimited		

Services & Supplies (In Alphabetical Order)		In-Network Retail Pharmacy (30-day supply)	Mail Order Only (90-day supply)
Oral Contraceptives	Generic	\$0	\$0
	Preferred Brand	20% co-insurance (\$20 minimum / \$60 maximum)	\$50
	Non-Preferred Brand	20% co-insurance (\$35 minimum / \$105 maximum)	\$80
	Specialty Medications	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand
Prescription Drugs	Generic	\$10	\$25
	Preferred Brand	20% co-insurance (\$20 minimum / \$60 maximum)	\$50
	Non-Preferred Brand	20% co-insurance (\$35 minimum / \$105 maximum)	\$80
	Brand with Generic Equivalent	Refer to Preferred/Non-Preferred Brand	Refer to Preferred/Non-Preferred Brand
	Specialty Medications	Refer to Preferred/Non-Preferred Brand	Not Available