

Plan Design Changes effective July 1, 2018

	Basic Plan Current	Basic Plan 7/1/2018	Premium Plan Current	Premium Plan 7/1/2018
Annual Deductible	\$75 / \$225	None	\$50 / \$150	None
Retail- 30 day supply				
Tier 1	20% after ded. \$10 min, \$200 max.	10%, \$10 min, \$150 max per script	20% after ded. \$150 max.	10%, \$10 min, \$150 max per script
Tier 2	20% after ded. \$10 min, \$200 max.	20%, \$25 min, \$150 max per script	20% after ded. \$150 max.	20%, \$25 min, \$150 max per script
Tier 3	20% after ded. \$10 min, \$200 max.	30%, \$50 min, \$250 max per script	20% after ded. \$150 max.	30%, \$50 min, \$250 max per script
Mail Order – 90 day supply (Tier 1/2/3)	No coverage	\$20 / \$50 / \$100	\$15 / \$30 / \$45	\$20 / \$50 / \$100

Note: Copays charged will be the *lesser* of:

- the actual cost of the drug;
- Or the minimum copay amount listed in the chart above.

