

Prescription Drug	CDHP 1		CDHP 2		Traditional Plan	
	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)
Preventive (ACA mandated)	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible
Generic Medicines	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay
Formulary: Preferred Brand-Name Medicines	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100
Non-Preferred Brand-Name Medicines	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140
Specialty Medicines	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)	