



## Express Scripts Prescription Plan Summary

	HRA Plan	HSA Plan
<b>Retail - 30 Day Supply</b>	Generic - \$7 Preferred - \$45 Non-Preferred - \$70 Specialty – 5% of total cost with \$75 minimum  <b><i>Copays apply to the out of pocket maximum.</i></b>	Generic - \$7 Preferred - \$45 Non-Preferred - \$70 Specialty – 5% of total cost with \$75 minimum  <b><i>Applies once deductible is met. Copays apply to the out of pocket maximum.</i></b>
<b>Custom Retail Network 90 Day Supply Walmart, CVS, K-Mart &amp; Kroger</b>	Generic - \$17.50 Preferred - \$112.50 Non-Preferred - \$175 Specialty – 5% of total cost with \$75 minimum  <b><i>Copays apply to the out of pocket maximum.</i></b>	Generic - \$17.50 Preferred - \$112.50 Non-Preferred - \$175 Specialty – 5% of total cost with \$75 minimum  <b><i>Applies once deductible is met. Copays apply to the out of pocket maximum.</i></b>
<b>Preventative Medications (List available on inFuse)</b>	Not applicable-treated as a normal drug	Pay applicable 30 or 90 day supply retail copay.  <b><i>Preventive copays will count toward the plan deductible and out of pocket maximum.</i></b>
<b>Mail Order - 90 Day Supply</b>	Generic - \$17.50 Preferred - \$112.50 Non-Preferred - \$175  <b><i>Copays apply to the out of pocket maximum.</i></b>	Generic - \$17.50 Preferred - \$112.50 Non-Preferred - \$175  <b><i>Applies once deductible is met. Copays apply to the out of pocket maximum.</i></b>

Visit [www.express-scripts.com](http://www.express-scripts.com) to find useful information and resources.

Here, you can:

- Refill home delivery prescriptions
- Check order status
- Locate a participating pharmacy
- Look up medication and disease-state information
- Review 12-month prescription history
- Conduct drug price checks
- Conduct a formulary check
- View drug costs/copays