

2023/24 Blue Plan Schedule of In-Network Benefits	In Network Retail Pharmacy <i>(network does include local pharmacies other than CVS that participants may use)</i>	CVS or Target Retail Pharmacy OR CVS / Caremark Mail Service Pharmacy	All Other In Network Retail Pharmacies*
	For short term medications Up to a 30-Day Supply	For long-term maintenance medications <b>Up to a 90-Day Supply</b>	Up to a 30-Day Supply
<b>Generic Medications</b> <i>Ask your doctor or other prescriber if there is a generic available, as these generally cost less.</i>	\$10	\$20	Not eligible in plan; expense will be 100% employee cost
<b>Preferred Brand-Name Medications</b> <i>If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.</i>	\$40	\$80	Not eligible in plan; expense will be 100% employee cost
<b>Non-Preferred Brand-Name Medications</b> <i>You will pay the most for medications not on your plan's preferred drug list.</i>	\$80	\$160	Not eligible in plan; expense will be 100% employee cost
<b>Specialty Drugs</b>	30% coinsurance <i>(with optional \$0 co-pay if enrolled in Prudent Rx Co-Pay Program)</i>	not eligible, maximum 30 day supply limit	NA
<b>Annual Deductible</b>	not applicable		
<b>Maximum Out of Pocket</b>	\$3000 per individual / \$6000 per family (combined with medical)		

*NOTE: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber "dispense as written" you will pay the difference between the brand-name medications and generic plus the brand copayment.*

**\*Mandatory Maintenance Program**

Hope College plan does NOT provide coverage of long-term medications filled at retail pharmacy locations other than CVS or Target. Please call 1.888.321.4206, or visit a CVS Pharmacy location, for assistance in transferring your long-term medications to CVS/Caremark Mail Order or to a CVS or Target Retail Locations.