

**Schedule of Benefits**

**Prescription Drugs  
Traditional Plan - Option - No deductible**

**Retail - 34 day supply**

- |                             |                     |
|-----------------------------|---------------------|
| - Generic                   | Deductible then 30% |
| - Brand Preferred           | Deductible then 30% |
| - Brand Non-Preferred       | Deductible then 30% |
| - Specialty Drugs Preferred | Deductible then 30% |

**Mail Order Pharmacy - 90 day supply**

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|-----------------------|---------------------|
| - Generic             | Deductible then 30% |
| - Brand Preferred     | Deductible then 30% |
| - Brand Non-Preferred | Deductible then 30% |