

 **This is only a summary.** The Capital Region BOCES prescription drug plan provides prescription drug coverage from a source that is separate from the coverage for medical benefits. Individuals who would like assistance understanding how these products work together may contact the sponsor at 1-866-770-9386.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.express-scripts.com	Retail Generic Home Delivery Generic	\$5 Retail \$10 Mail order	Billed rate	Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription).
	Retail Brand Home Delivery Brand	\$10 Retail \$20 Mail order	Billed rate	Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription).
	Specialty drugs	\$5 Generic \$10 Brand	Billed rate	Covers up to a 30-day supply (1 st fill retail).
Out of Pocket Maximum: \$2600 Individual / \$5200 Family Healthcare Preventative items covered at \$0 per criteria				
Your benefit plan does not cover all drugs. Some prescriptions may require Prior Authorization or be subject to Step Therapy. Contact Express Scripts at the phone number on the back of your ID card for detailed coverage information.				