



## 2024 Standard Option Plan

### Your prescription copayments at a glance

| PRESCRIPTION BENEFITS   | YOU PAY                      |
|---|------------------------------|
| <b>1-MONTH SUPPLY (Retail Pharmacy)</b>   |                              |
| Generic   | \$12                         |
| Preferred Brand Name  | 35% coinsurance (\$150 max.) |
| Non-Preferred Brand Name  | 50% coinsurance (\$300 max.) |
| <b>3-MONTH SUPPLY (Smart90<sup>®</sup> Retail Pharmacy or Home Delivery)</b>                        |                              |
| Generic   | \$20                         |
| Preferred Brand Name  | 35% coinsurance (\$300 max.) |
| Non-Preferred Brand Name  | 50% coinsurance (\$400 max.) |
| <b>SPECIALTY MEDICATIONS (30-day supply through Accredo, an Express Scripts specialty pharmacy)</b> |                              |
| Generic   | 35% coinsurance (\$240 max.) |
| Preferred Specialty   | 35% coinsurance (\$240 max.) |
| Non-Preferred Specialty   | 50% coinsurance (\$480 max.) |

*Note: If you or your doctor requests a brand-name medication when a generic equivalent is available, you will pay the applicable copayment, plus the difference in cost between the brand and the generic.*

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2024 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.

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