



2026 Standard Option Plan

Your prescription copayments at a glance

| PRESCRIPTION BENEFITS | YOU PAY |
|--|------------------------------|
| 1-MONTH SUPPLY (Retail Pharmacy) | |
| Generic | \$12 |
| Preferred Brand Name | 35% coinsurance (\$150 max.) |
| Non-Preferred Brand Name | 50% coinsurance (\$300 max.) |
| 3-MONTH SUPPLY (Smart90® Retail Pharmacy or Home Delivery) | |
| Generic | \$20 |
| Preferred Brand Name | 35% coinsurance (\$300 max.) |
| Non-Preferred Brand Name | 50% coinsurance (\$400 max.) |
| SPECIALTY MEDICATIONS (30-day supply through Accredo® Specialty Pharmacy) | |
| 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 2026 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.

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