



## 2022 Standard Option Plan

### Your prescription copayments at a glance

PRESCRIPTION BENEFITS	YOU PAY	WITH MEDICARE B PRIMARY YOU PAY
<b>30-DAY SUPPLY (Retail Pharmacy)</b>		
Generic	\$12	\$7
Preferred Brand Name	35% coinsurance (\$150 max.)	30% coinsurance (\$150 max.)
Non-Preferred Brand Name	50% coinsurance (\$300 max.)	50% coinsurance (\$300 max.)
<b>90-DAY SUPPLY (Smart90<sup>®</sup> Retail Pharmacy or Home Delivery)</b>		
Generic	\$20	\$15
Preferred Brand Name	35% coinsurance (\$300 max.)	30% coinsurance (\$300 max.)
Non-Preferred Brand Name	50% coinsurance (\$400 max.)	50% coinsurance (\$400 max.)
<b>SPECIALTY MEDICATIONS (30-Day Supply through Accredo, an Express Scripts specialty pharmacy)</b>		
Generic	35% coinsurance (\$240 max.)	35% coinsurance (\$240 max.)
Preferred Specialty	35% coinsurance (\$240 max.)	35% coinsurance (\$240 max.)
Non-Preferred Specialty	50% coinsurance (\$480 max.)	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 2022 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.

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