

PHARMACY	Plan A	Plan B	Plan C
Deductible	None	None	None
Plan Year Copay/Coinsurance Maximum	\$1,000	\$1,000	\$1,000
Retail (31 day supply)			
Generic	\$5	\$5	50%
Preferred	20%	\$25	50%
Non-Preferred	50%	50%, \$50 max	50%
Mail (90 day supply)			
Generic	\$10	\$10	50%
Preferred	20%	\$50	50%
Non-Preferred	50%	50%, \$100 max	50%

Plan year is October 1 through September 30.