



## 2024 High Option Plan

### Your prescription copayments at a glance

PRESCRIPTION BENEFITS	YOU PAY
<b>1-MONTH SUPPLY (Retail Pharmacy)</b>	
Generic	\$10
Preferred Brand Name	30% coinsurance (\$100 max.)
Non-Preferred Brand Name	45% coinsurance (\$300 max.)
<b>3-MONTH SUPPLY (Smart90<sup>®</sup> Retail Pharmacy or Home Delivery)</b>	
Generic	\$15
Preferred Brand Name	30% coinsurance (\$200 max.)
Non-Preferred Brand Name	45% coinsurance (\$400 max.)
<b>SPECIALTY MEDICATIONS (30-day supply through Accredo, an Express Scripts specialty pharmacy)</b>	
Generic	30% coinsurance (\$160 max.)
Preferred Specialty	30% coinsurance (\$160 max.)
Non-Preferred Specialty	45% coinsurance (\$320 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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