

PHARMACY BENEFITS	Elevate Copay Plan	
	Allina Elevate Network (Allina Health Pharmacies)	National Network
Deductible (Applies where stated; combined with medical benefit)	None	None
Out-of-Pocket Maximum Individual/Family (Pharmacy and medical combined)	\$3,500/\$7,000	No coverage
Days' Supply		
Retail Benefit	31-day supply	No coverage
Specialty Drug Benefit	31-day supply	No coverage
Allina Health Pharmacy - Mail Order Benefit	93-day supply	No coverage
Retail (You Pay)		
Generic	\$5	No coverage
Formulary or Preferred Brands	\$25	No coverage
Non-Formulary or Non-Preferred Brands	\$60	No coverage
Specialty Drug (You Pay)	\$25	No coverage
Allina Health Pharmacy - Mail Order (You Pay)	2-times retail copay	No coverage
Other (You Pay)		No coverage
Insulin (Preferred/Formulary Products)	\$0	No coverage
Insulin Pump	\$25	No coverage
Diabetic and Insulin Supplies (Preferred/Formulary Products)	\$0	No coverage
Ostomy	\$0	No coverage
Tobacco Cessation	\$0	No coverage
Fertility	No coverage, carved out to Progyny	No coverage
Growth Hormones	Applicable formulary/ non-formulary copay above	No coverage

This chart provides an overview; for exact coverage details, consult the Summary Plan Description or contact Member Services at 1-800-343-9264, Option 2: "Pharmacy."

NOTES:

- * No coverage out-of-network.
- * **The first fill of any medication can be filled at any Express Scripts network pharmacy (except Walgreens); however, any subsequent fills would need to go through Allina pharmacies.**
- * Specialty drugs are limited to those on the specialty drug list and must be obtained from an Allina Health Pharmacy. If an Allina Health Pharmacy is unable to fill a specialty drug, you must receive an override from the Allina Health Pharmacy to fill the drug through Accredo, an Express Scripts specialty pharmacy.