

2021 Benefits Summary-SMW80

Item	SMW80
Retail 30 DS Copay	Generic: \$10 Preferred Brand: \$30 Non-Preferred Brand: \$60
Mail Order/Retail 90 DS Copay	Generic: \$20 Preferred Brand: \$60 Non-Preferred Brand: \$120
Specialty Copay	\$60.00
Pharmacy Network	Standard Network
Specialty Pharmacy & Mandate	Elixir Specialty-Mandate Immediately
Mail Order Pharmacy & Mandate	Elixir Mail: No Mandate
Formulary	Standard Formulary
Dispense as Written	Yes: No Exceptions
Step Therapy	Standard
Prior Authorization	Standard
Drug Quantity Management	Standard
OOP	Rx Only: Individual: \$6350/Family: \$12700
Deductible	N/A
ACA Criteria	Standard Affordable Care Act Criteria
Non-Essential Drug Program	No