

OPTIONAL BENEFIT RIDERS

PHARMACY

SUMMARY OF DRUG RIDERS

Step 1: Select Co-Pay Plan

IFOCUS Co-Pays

15 SERIES PLAN

Retail Generic	\$ 15
Retail Formulary	\$ 50
Retail Non-Formulary	\$ 75
Mail Order 90-Day Supply	2.5 x Retail

20 SERIES PLAN

Retail Generic	\$ 20
Retail Formulary	\$ 60
Retail Non-Formulary	\$ 100
Mail Order 90-Day Supply	2.5 x Retail

25 SERIES PLAN

Retail Generic	\$ 25
Retail Formulary	\$ 75
Retail Non-Formulary	\$ 125
Mail Order 90-Day Supply	2.5 x Retail

30 SERIES PLAN

Retail Generic	\$ 30
Retail Formulary	\$ 90
Retail Non-Formulary	\$ 150
Mail Order 90-Day Supply	2.5 x Retail

DEDUCTIBLE OPTIONS

Step 2: Select Deductibles

IFOCUS Rx PLAN Deductible

A	\$ 0
B	\$ 250
C	\$ 500
D	\$ 750
E	\$ 1,000
F	\$ 1,250
G	\$ 1,500
H	\$ 1,750
I	\$ 2,000
J	\$ 2,500
K	\$ 3,000
L	\$ 3,500
M	\$ 3,750
N	\$ 4,000
O	\$ 5,000
P	\$10,000

Note: All benefit cost-sharing subject to the allowance as defined in the Plan.

Notes on RX Plans:

Co-Pay Plans -

- Any Rx Rider may be purchased with any co-pay health benefit plan.
- The deductible applies to retail (in-network), mail order and out-of-network charges.
- The Rx deductibles exist as separate from medical deductibles.
- There is no OOP maximum for Rx costs.

HSA Plans -

- The elected Rider must have the same deductible as the health benefit plan.
- Medical claims and Rx claims contribute towards the Plan deductible.
- The Plan in-network deductible and OOP applies to retail (in-network) and mail order Rx.
- The Plan out-of-network deductible and OOP applies to out-of-network charges.
- Once Plan in-network deductible is met, co-pays do not count toward the Plan in-network OOP maximum.

MATERNITY*

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Pre-Natal & Post-Natal Care:		
Physician Services & Midwives - PCP Office Visits	Plan Deductible & Coinsurance	Plan Deductible & Coinsurance
Physician Services & Midwives - Specialists Office Visits	Plan Deductible & Coinsurance	Plan Deductible & Coinsurance
Hospital/Birthing Center:		
Normal/Cesarean Section Delivery	Plan Deductible & Coinsurance	Plan Deductible & Coinsurance

* Maternity coverage is effective fifteen (15) months after the individual's effective date of coverage under rider.

This is a benefit summary. It is intended for informational purposes only, and does not represent a full description of benefits provided. For a complete description of benefits and exclusions, please refer to the insurance policy certificate and schedule of benefits.