
Proposed Benefit Summary

(continued)

<u>Prescription Drug Coverage</u>	<u>You Pay</u>
Most brand-name items (Tier 2) at a Plan Pharmacy	\$30 for up to a 30-day supply after Plan Deductible
Most brand-name (Tier 2) refills through our mail-order service	\$60 for up to a 100-day supply after Plan Deductible
Most specialty items (Tier 4) at a Plan Pharmacy	30% Coinsurance (not to exceed \$150) for up to a 30-day supply after Plan Deductible
<u>Durable Medical Equipment (DME)</u>	<u>You Pay</u>
Base DME items as described in the EOC	10% Coinsurance after Plan Deductible