

Plan B - Prescription Drug Card Program

Annual deductible	\$150 deductible.	Unlimited.
Calendar Year Rx Out-of-Pocket Maximum	\$3,000 per person; \$5,000 per family.	
Type Of Medication	Participating Network Retail Pharmacy (up to 30-day supply)	Mail Order Program ** (up to a 90-day supply)
Generic drugs	You pay 15% or \$10 copay (whichever is greater); with \$40 maximum copay.	You pay 10% or \$20 copay (whichever is greater); with \$120 maximum copay for 90 day supply.
Single source brand name drugs (no generic available)	You pay 25% or \$20 copay (whichever is greater); with \$80 maximum copay.	You pay 25% or \$40 copay (whichever is greater); with \$240 maximum copay for 90 day supply.
Multi-source brand name drugs	You pay 25% of generic cost or \$20 copay (whichever is greater), plus the difference between the brand name and generic price.	You pay 25% of generic cost or \$40 copay (whichever is greater), plus the difference between the brand name and generic price.
Generic and single-source Contraceptives	Plan pays 100%; no copay or deductible.	Plan pays 100%; no copay or deductible.

****You may also fill your maintenance prescriptions (up to 90-day supply) at all Schnucks, Dierbergs, and Kroger stores that have pharmacies. You must have filled at least one 30-day supply of the prescription at retail before you are eligible to fill the 90 day supply. The mail order co-pays shown above apply.**