

Prescription Drug Benefits

Member pays the additional cost the Plan would incur if the Member elects to purchase a Brand Name Drug when a generic is available. If prescriber certifies a Brand Name Drug is medically necessary when a Generic Drug is available, the member does not pay the additional cost. Employees may contact Southern Scripts at (800) 710-9341 for information on the drug plan.

Premium Choice Plus

Southern Scripts Premium Choice Plus Pharmacy Network

Calendar Year Deductible

No Deductible applied to generic and brand medications at participating Premium Choice Plus Pharmacy Providers only. Standard Deductible applies on Specialty Drugs.

Premium Choice Plus Preferred Generic Drugs

Copayment\$0*

**Copayment reduced for Premium Choice Plus Generic Drugs at restricted quantities at participating Premium Choice Plus Pharmacy Providers only.*

Premium Choice Plus Generic Drugs

Copayment \$10*

**Copayment reduced for First Choice Generic Drugs at participating Premium Choice Plus Pharmacy Providers only.*

Formulary Brand Drugs and Compounds

Copayment.....\$35

Non-Formulary Brand Drugs

Copayment.....\$50

Southern Scripts National Pharmacy Network

Calendar Year Deductible Individual.....\$100

Family.....\$300

Deductible waived for Covered Vaccines. When the maximum amount shown in the Schedule of Benefits has been incurred by members of a Family Unit toward their Calendar Year deductibles, the deductibles of all members of that Family Unit will be considered satisfied for that year.

Generic Drugs

Copayment.....\$15

Deductible waived for Generic Medications

Formulary Brand Drugs and Compounds

Copayment.....\$40

Non-Formulary Brand Drugs

Copayment.....\$55