

Pharmacy Drug Coverage



SPS Pharmacy (SPS Health Pharmacy)	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Tier 4 Copay
Up to a 30-day medication supply	\$3	\$20	The greater of \$35 or 10% coinsurance with a \$100 maximum	The greater of \$35 or 10% coinsurance with a \$100 maximum
Maintenance 90-day supply	\$6	\$30	The greater of \$45 or 10% coinsurance with a \$300 maximum	Not Applicable
Prescription drug Home Delivery	\$6	\$30	The greater of \$45 or 10% coinsurance with a \$300 maximum	Not Applicable
Level 1 Anthem PREFERRED Pharmacy	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Tier 4 Copay
Up to a 30-day medication supply	\$20	\$50	The greater of \$70 or 20% coinsurance with a \$200 maximum	The greater of \$70 or 20% coinsurance with a \$200 maximum
Prescription drug Home Delivery	\$60	\$150	The greater of \$220 or 20% coinsurance with a \$600 maximum	Not Applicable
ALL OTHER Participating Retail Pharmacies	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Tier 4 Copay
Up to a 30-day medication supply	\$30	\$60	The greater of \$220 or 20% coinsurance with a \$600 maximum	The greater of \$80 or 20% coinsurance with a \$200 maximum