Central Susquehanna Trust - Rx Plan Benefit Summary

Prescription Drug Coverage

PPO 250 & 500 Option

*Retail (1 - 31 day supply):	$50 Deductible** per person; $150 family aggregate; per calendar year. (Deductible applies to all retail-purchased drugs.)	
	Generic	$10 copayment
	Formulary – Brand	$35 copayment
	Non-Formulary – Brand	$75 copayment
*Mail Order (up to 90 day supply):	No Deductible	
	Generic	$20 copayment
	Formulary – Brand	$70 copayment
	Non-Formulary – Brand	$150 copayment
Mail Incentive Plan for Maintenance Drugs	For Mail Order use of <u>all</u> maintenance <u>refills</u>, the standard Mail Order copays listed above apply. If Member chooses refill of maintenance drugs at Retail, three refills will be allowed at Retail for maintenance drugs. On the fourth refill, Member must use Mail Order. If not, Retail cost will be charged at 100% of the drug cost at the pharmacy.	
*Generic Incentive Plan - applies to Retail and Mail Order	If the Brand medication is purchased when a generic is available, Member is responsible for the Copayment + Difference in cost of Brand vs Generic Equivalent.	

**The Deductible is charged at the pharmacy and tracked electronicially within the Express Scripts system.

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