


# Benefit Overview

Get a better understanding of how you and your health plan work together to pay for your medication.

Copay/Coinsurance



Copayment, or copay, is the amount you pay out-of-pocket each time you fill a prescription.

## Copay/Coinsurance

Days' Supply ⓘ Home Delivery: Up to **90 Days**, Retail Pharmacy: Up to **34 Days**

Medication Type	Home Delivery ⓘ	Retail Pharmacy ⓘ
Generic	\$ 25	\$ 10
Preferred brand	\$ 75	\$ 30
Non-preferred brand	\$ 112.50	\$ 45

Other charges or penalties for specific medications may apply.



Determine [pricing and coverage](#) for a specific medication

This information is intended to serve as a general overview of your plan sponsor's prescription benefit program. Please note that the terms of your prescription benefit are subject to change. Please consult your plan sponsor for complete information.