

2024/25 Blue Plan Schedule of In-Network Benefits	In Network Retail Pharmacy <i>(network does include local pharmacies other than CVS that participants may use)</i>	CVS or Target Retail Pharmacy OR CVS / Caremark Mail Service Pharmacy	All Other In Network Retail Pharmacies*
	For short term medications Up to a 30-Day Supply	For long-term maintenance medications Up to a 90-Day Supply	Up to a 30-Day Supply
Generic Medications <i>Ask your doctor or other prescriber if there is a generic available, as these generally cost less.</i>	\$10	\$20	Not eligible in plan; expense will be 100% employee cost
Preferred Brand-Name Medications <i>If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.</i>	\$40	\$80	Not eligible in plan; expense will be 100% employee cost
Non-Preferred Brand-Name Medications <i>You will pay the most for medications not on your plan's preferred drug list.</i>	\$80	\$160	Not eligible in plan; expense will be 100% employee cost
Speciality Drugs	30% coinsurance <i>(with optional \$0 co-pay if enrolled in Prudent Rx Co-Pay Program)</i>	not eligible, maximum 30 day supply limit	NA
Annual Deductible	not applicable		
Maximum Out of Pocket	\$3000 per individual / \$6000 per family (combined with medical)		

NOTE: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber "dispense as written" you will pay the difference between the brand-name medications and generic plus the brand copayment.

***Mandatory Maintenance Program**

Hope College plan does NOT provide coverage of long-term medications filled at retail pharmacy locations other than CVS or Target. Please call 1.888.321.4206, or visit a CVS Pharmacy location, for assistance in transferring your long-term medications to CVS/Caremark Mail Order or to a CVS or Target Retail Locations.