

Express Scripts

Schedule of Prescription Drug Benefits

Drug Type	Retail 30 Day Supply	Retail 90 Day Supply	Express Scripts Mail Order
\$0 Copay Generic Drugs*	\$0 copay for generic statins and generic oral anti-diabetic drugs		
Over-the-Counter Drugs**	\$2	\$6	\$6
Generic	The greater of: \$10 or 20%	The greater of: \$30 or 20%	\$20
Preferred Brand	The greater of: \$25 or 30%	The greater of: \$70 or 30%	\$85
Non-Preferred Brand	The greater of: \$50 or 40%	The greater of: \$130 or 40%	\$160
Specialty	\$60 Copay with a 30-day supply limit Must be filled through Express Scripts Specialty Pharmacy, Accredo		

The Plan covers OTC **Nasal Sprays**: Flonase® Allergy OTC, Nasacort® Allergy 24HR, and Rhinocort OTC nasal sprays. **Non-sedating Antihistamines**: Allegra® (fexofenadine), Claritin® (loratadine), Xyzal® Allergy, Zyrtec® (cetirizine) in all forms. **Proton Pump Inhibitors**: Nexium 24HR, Prevacid 24HR, or Prilosec OTC or Zegerid OTC.

Note: Your prescription must state "OTC" on it from your doctor in order for above drugs to be covered for \$2 copay.

Mandatory Generic. If you or your prescriber request a brand drug when a generic is available, you will pay the brand copay plus the cost difference between the brand and generic.