

BENEFITS AT-A-GLANCE: DRUG

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Drug (639)
	Member Cost
Maximum Out-of-Pocket	Single: \$3,600 Family: \$4,200
1-30-day supply from pharmacies	
Tier 1: mostly Generic drugs	\$7 copayment
Tier 2: mostly Preferred Formulary Drugs	\$30 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	\$30 copayment plus \$45 Tier 3 cost share
Tier 4: mostly Specialty Drugs	20% coinsurance
84-90-day supply from participating pharmacies or mail-order prescription drug program	
Tier 1: mostly Generic drugs	\$11 copayment
Tier 2: mostly Preferred Formulary Drugs	\$65 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	\$65 copayment plus \$135 Tier 3 cost share
Tier 4: mostly Specialty Drugs	Not covered

To learn more about HMSA's drug tiers, please visit hmsa.com/drug-list.

Key Terms

Term	Definition
Cost Share	A portion of the total drug cost you are required to pay in addition to a copayment or coinsurance.
Drug Tiers	The way in which HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs.
Formulary	A list of drugs that are covered under your drug plan. For a detailed list, please visit hmsa.com/drug-list .
Mail-Order Prescription Drug Program	Program where you can get prescription drugs from our mail-order provider at the best prices possible and have medications delivered to your home. For more information, visit hmsa.com .
Annual Copayment Maximum	The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.