

2020 Prescription drug plan summary

	In-house (domestic)	In-network	Out-of-network
Pharmacy deductible			
Individual	None	\$100	Not covered
Family	None	\$250	Not covered
Copays			
Generic	30-day supply: \$4	30-day supply: \$12	Not covered
	90-day supply: \$8	90-day supply: \$36	
Preferred brand name	30-day supply: \$50	30-day supply: \$65	Not covered
	90-day supply: \$100	90-day supply: \$195	
Nonpreferred brand name	30-day supply: \$80 plus the difference in cost between the brand prescription and generic equivalent	30-day supply: \$90 plus the difference in cost between the brand prescription and generic equivalent	Not covered
	90-day supply: \$160 plus the difference in cost between the brand prescription and generic equivalent	90-day supply: \$270 plus the difference in cost between the brand prescription and generic equivalent	
Specialty	20% coinsurance, only covered at the NKCH retail pharmacy	Not covered	Not covered

2020 Medical prescription drug employee payroll contributions

Bi-weekly	Traditional Plan	High Deductible Plan
Employee	\$45.58	\$27.96
Employee + spouse	\$112.60	\$83.87
Employee + child(ren)	\$99.19	\$64.65
Family	\$169.46	\$112.20
Monthly		
Employee	\$98.75	\$60.57
Employee + spouse	\$243.97	\$181.71
Employee + child(ren)	\$214.92	\$140.07
Family	\$367.16	\$243.09

