



	Non-HDHP	HDHP
	Co-payments for a 30-day supply and 90-day supply (if available)	
Tier 1 – Generic (preferred)	30-day: \$13; 90-day: \$20 through IU Health Mail Order	<p>IU Health pharmacy: 20% of the prescription cost once the deductible is met*</p> <p>Non-IU Health pharmacy: 20% of the prescription cost once the deductible is met*</p>
Tier 2 – Brand (preferred)	30-day: \$34 90-day: \$68 through IU Health Mail Order	
Tier 3 – Brand (non-preferred) and generics (non-preferred)	30-day: 30% (\$50 min and \$100 max); 90- day: 30% (\$150 min and \$300 max) through IU Health Mail Order	
Tier 4 – Specialty, Biotechnology medications	30-day: 30% (\$150 max); 90-day: not available	
Maximum Out of Pocket	Individual: \$2000 Family: \$4000	

* After deductible is met, any expenses apply toward the annual out-of-pocket maximum.