



| | Quality Plan I – Select, Quality Plan II, Quality Plan – Out of Area | Quality Plan I – HDHP and Quality Plan – HDHP – Out of Area |
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| | Co-payments for a 30-day supply and 90-day supply (if available) | |
| Tier 1 – Generic (preferred) | <p>IU Health pharmacy: \$8 for 30-day supply, \$4 for 200+ select generics; \$20 for 90-day supply, \$12 for 200+ select generics</p> <p>Non-IU Health pharmacy (except for emergency medications): \$25 for 30-day supply</p> | |
| Tier 2 – Brand (preferred) | <p>IU Health pharmacy: \$28 for 30-day supply; \$68 for 90-day supply</p> <p>Non-IU Health pharmacy (except for emergency medications): \$50 for 30-day supply</p> | <p>IU Health pharmacy: 20% of the prescription cost once the deductible is met*</p> <p>Non-IU Health pharmacy: 30% of the prescription cost once the deductible is met*</p> |
| Tier 3 – Brand (non-preferred) and generics (non-preferred) | <p>IU Health pharmacy: 30% for 30-day supply (\$50 min and \$100 max); 30% for 90-day supply (\$150 min and \$300 max)</p> <p>Non-IU Health pharmacy: 50% for 30-day supply (\$150 min and \$300 max)</p> | |
| Tier 4 – Specialty, Biotechnology medications | <p>IU Health pharmacy: 30% for 30-day supply (\$150 max) 90-day supply not available</p> | |
| Maximum Out of Pocket | <p>Individual: \$2000 Family: \$4000</p> | |

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