

### OPTIONAL RX 3000 WITH “SOFT MAXIMUM”

<b>Optional Drug Benefits</b>	<b>Participating Pharmacies</b> Up to a 34-day supply or 100 units, whichever is less	<b>Maintenance Quantity</b> Up to a 90-day supply or 360 units, whichever is less
<b>Annual deductible</b>	<b>\$200 per person</b>	
<b>Preferred generic</b> <sup>1</sup>	\$10 co-pay (deductible waived)	\$20 co-pay <sup>2</sup>
<b>Preferred brand name</b>	\$30 co-pay after deductible	\$60 co-pay after deductible
<b>Non-preferred generic &amp; brand name</b>	Lesser of \$50 or 50% co-pay after deductible	Lesser of \$100 or 50% co-pay after deductible
<b>Non-formulary</b>	Greater of \$50 or 50% co-pay after deductible	Not available
<b>Annual Benefit Maximum per person</b>	<b>The plan pays \$3,000 of allowed charges after applicable deductible and co-pays, then 50% of allowed charges thereafter.</b>	

<sup>1</sup> If a brand name is dispensed when a generic is available, 50% co-pay applies

<sup>2</sup> Scott & White pharmacies will dispense up to a 90-day supply of preferred generic medications for a \$20 co-pay. All other participating pharmacies will charge up to \$30 co-pay for a 90-day supply.

Visit [www.swhp.org](http://www.swhp.org) for an up-to-date listing of participating pharmacies, drug formulary and information on how to take advantage of a convenient mail order program.

This insert attempts to summarize the principal benefits of Scott & White Health Plan and is not a contract. Details of benefits are subject to the terms, conditions and limitations of the Individual Health Care Evidence of Coverage. The following benefits are available at SWHP designated facilities when medically necessary and provided, authorized, ordered or arranged by a Scott & White Health Plan network provider.