

**Kent County Prescription Plan  
Schedule of Prescription Drug Benefits**

**CO-PAYMENTS**

<p>Generic medication and supplies used for the treatment of:</p> <ul style="list-style-type: none"> <li>▪ diabetes</li> <li>▪ hypertension</li> </ul> <p>Generic contraceptive medicines or devices Generic medications for women at increased risk for breast cancer Smoking cessation drugs</p>	<ul style="list-style-type: none"> <li>▪ \$0.00 Prescription Co-Pay</li> </ul>
<p>Generic medication not listed above Insulin on the formulary (preferred) list</p>	<ul style="list-style-type: none"> <li>▪ \$15.00 for one-month supply</li> <li>▪ \$30.00 for a 90-day supply</li> </ul>
<p>Formulary (Preferred)/ Brand Name</p>	<ul style="list-style-type: none"> <li>▪ \$25.00 for one-month supply</li> <li>▪ \$50.00 for 90-day supply</li> </ul>
<p>Non-Formulary (Non-Preferred)/ Brand Name</p>	<ul style="list-style-type: none"> <li>▪ \$45.00 for one-month supply</li> <li>▪ \$90.00 for 90-day supply</li> </ul>

**PLAN PARAMETERS**

- Individual out-of-pocket maximum - \$4,750
- Family out-of-pocket maximum - \$9,500
  
- Maximum dollar amount per fill at the pharmacy window without over-ride - \$5,000
- Maximum dollar amount per fill through mail order without over-ride - \$10,000
- Maximum days supply at the pharmacy window – 90-days
- Maximum days supply when you use mail order – 90-days
- When you fill a prescription at the pharmacy window, you must consume 75% of the supply before a refill is authorized
- When you fill a prescription through mail order, you must consume 50% of the supply before a refill is authorized

**PRE-AUTHORIZATION**

- Growth and biosynthetic hormones require prior authorization

For non-covered medications, please refer to “Exclusions” in the Plan Document.

This prescription summary is intended as an easy-to-read document. It is not a contract. An official description of benefits can be found in the Plan Document.