## **Prescription Drug Plan Comparison**

	Consumer Advantage with HSA¹		\$1,500 PPO		\$500 PPO		EPO	Kaiser HMO (CA and GA only)
	In-network	Out-of- network	In-network	Out-of- network	In-network	Out-of- network	In-network only	In-network only
Retail Pharmacy (Up to 30-day supply)								
Generic	20%	20%	\$10	\$10	\$10	\$10	\$10	\$10
Name Brand	20%	20%	\$20	\$20	\$20	\$20	\$20	\$35
Non-Preferred/ Specialty	20%	20%	\$40	\$40	\$40	\$40	\$40	20%, up to \$150
Mail-Order Pharmacy (Up to 90-day supply)								
Generic	20%	Not covered	\$30	Not covered	\$20	Not covered	\$20	\$20
Name Brand	20%	Not covered	\$40	Not covered	\$40	Not covered	\$40	\$70
Non-Preferred/ Specialty	20%	Not covered	\$80	Not covered	\$80	Not covered	\$80	20%, up to \$150

<sup>&</sup>lt;sup>1</sup> The plan starts sharing costs with you after you meet your annual deductible.