

<b>Copay Basic</b>		
<b>Medical Plan Deductible</b>	<b>\$1,250-individual / \$2,500 family (not applicable to Rx)</b>	
<b>Medical/Rx Plan Out-of-Pocket Maximum</b>	<b>\$4,500-individual / \$9,000-family (embedded)</b>	
	<b>Retail- 30 Day Supply</b>	<b>Mail Order-90 Day Supply</b>
<b>Generic Drugs</b>	\$7 copay	\$14 copay
<b>Preferred brands</b>	\$30 copay	\$60 copay
<b>Non-preferred brands</b>	\$60 copay	\$120 copay
<b>Specialty drugs*</b>	20%, max \$120	N/A
<b>Preventative Drugs**</b>	No Charge	No Charge