

2019 Options for Prescription Drugs

[Options for Medical](#)

[Medical Details](#)

Option	Deductible	Annual Out of Pocket Maximum	Retail	Mail Order
Southeast PPO Option 2	Deductible Combined with Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before copays apply	Annual Out of Pocket Maximum Combined with Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount	Retail Generic \$9 copay; up to 30 day supply; 2 fill max on maintenance drug then Mail Order required. Preferred \$35 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 fill max on maintenance drug then Mail Order required. Non-Preferred \$70 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 fill max on	Mail Order Generic \$18 copay; up to 90 day supply Preferred \$70 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference Non-Preferred \$140 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference

Option	Deductible Annual Out of Pocket Maximum	Retail	Mail Order
		maintenance drug then Mail Order required.	
Southeast PPO Option 1	Deductible Not applicable Annual Out of Pocket Maximum \$1,200 Individual; \$2,400 Family; Network copays apply	Retail Generic \$10 copay; up to 30 day supply; two fill max on maintenance drug, mandatory mail order Preferred \$35 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 fill max on maintenance drug, mandatory mail Non-Preferred \$70 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 fill max on maintenance drug, mandatory mail	Mail Order Generic \$20 copay; up to 90 day supply Preferred \$70 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference Non-Preferred \$140 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference