Maintenance drugs are required to be a 90-day refill and are available via mail order or can be picked up at a CVS Pharmacy.

Up to a 30-Day Supply
- $10 co-pay – Generic Drugs
- $30 co-pay – Preferred Brand-Name
- $50 co-pay – Non-Preferred Brand-Name

90-Day Maintenance Drug Supply
- $20 co-pay – Generic Drugs
- $60 co-pay – Preferred Brand-Name
- $100 co-pay – Non-Preferred Brand-Name

MEDICAL COVERAGE TERMS TO UNDERSTAND

**Coinurance:** The plan’s share of the charges that are paid after you have met any deductibles. If a plan pays 80%, for example, you would pay the remaining 20%, up to the plan’s annual out-of-pocket maximum.

**Co-pay:** The amount you pay per service received, such as office visits, emergency care, prescription drugs, etc.

**Deductible:** The amount you pay before a plan pays any benefits. Neither post-tax medical plan has a deductible.

**Primary Care Physician (PCP):** The doctor you select to provide your medical care and help you find a specialist. Each covered family member may select his or her own PCP.

**Out-of-Pocket Maximum:** The most you would have to pay in deductibles and coinsurance in a calendar year before the plan pays 100% of covered services.