## PHARMACY & LAB



For more details, visit <a href="mailto:purdue.edu/hr/Benefits/prescription/index.php">purdue.edu/hr/Benefits/prescription/index.php</a>

		Premier, Standard	& Limited CDHPs
		Prescription Drugs	
		Retail (30-day supply)	Mail Order (90-day supply)
Generic	Preventive	100% coverage	100% coverage
	Non-preventive	Deductible, then actual cost up to max of \$10	Deductible, then actual cost up to max of \$20
Preferred Brand Name	Preventive	No deductible, 35% to max of \$50	No deductible, 35% to max of \$100
	Non-preventive	Deductible, then 35% to max of \$50	Deductible, then 35% to max of \$100
Non-Preferred Brand Name	Preventive	No deductible, 50% up to max of \$75	No deductible, 50% up to max of \$150
	Non-preventive	Deductible, then 50% up to max of \$75	Deductible, then 50% up to max of \$150
Specialty Rx		Deductible then 55% up to max of \$250	Deductible, then 55% up to max of \$250

		Premier, Standard & Limited CDHPs	
		<b>Labs</b> (Tier 1 labs are part of HealthSync)	
Tier 1 Labs, including Center for Healthy Living and PUSH Labs	Preventive	100% coverage	
	Non-preventive	Deductible and coinsurance	
Tier 2 Labs (In-network)	Preventive	100% coverage	
	Non-preventive	Deductible and coinsurance	
Tier 3 Labs (Out-of-network)		Deductible and coinsurance	



REMINDER: FORMULARY CHANGES ARE MADE ON A QUARTERLY BASIS. IF YOU ARE AFFECTED, YOU WILL BE NOTIFIED BY CVS.