b e n e f i t s u m m a r y

Athens Area Health Plan Select, Inc.
Prescription Drug Schedule of Benefits

DHP1 Rx

HSA Qualified - High Deductible Health Plan
Calendar Year Deductible (CYD): In-Network - $1,100 Individual/ $2,200 Family; Out-of-Network - $2,200 Individual/ $4,400 Family. Calendar Year Deductible Applies.

Prescription Drugs Retail Included in HPS Drug Formulary	
Generic	After calendar year deductible is satisfied, $15 Copay (30 day supply or 180 units, whichever is less) after deductible
Brand	After calendar year deductible is satisfied, $25 Copay (30 day supply or 180 units, whichever is less) after deductible
Brand (when a generic equivalent is on the drug formulary)	After calendar year deductible is satisfied, $15 Copay plus the difference in the cost of the brand and generic (30 day supply or 180 units, whichever is less) after deductible
Non Preferred	After calendar year deductible is satisfied, $50 Copay (30 day supply or 180 units, whichever is less) after deductible
Prescription Drugs Mail Order Included in HPS Drug Formulary	
Generic	After calendar year deductible is satisfied, $45 Copay (90 day supply or 270 units, whichever is less) after deductible
Brand	After calendar year deductible is satisfied, $75 Copay (90 day supply or 270 units, whichever is less) after deductible
Brand (when a generic equivalent is on the drug formulary)	After calendar year deductible is satisfied, $45 Copay plus the difference in the cost of the brand and generic (90 day supply or 270 units, whichever is less) after deductible
Non Preferred	After calendar year deductible is satisfied, $150 Copay (90 day supply or 270 units, whichever is less) after deductible

Notes:

1. The Health Plan Select Preferred Drug List is a continuously updated list of medications eligible for Preferred Drug Copay under this Prescription Drug Rider. The Preferred Drug List is available for review at www.AAHPS.com. Some medications on the Preferred Drug List may require prior authorization, Step Therapy (ST), and/or have a limited benefit. Complete information on the drug plan is available in the Prescription Drug Rider included with your Evidence of Coverage.

2. Benefits apply to both In-Network and Out-of-Network

3. The Calendar Year Deductible applies to this Prescription Drug Benefit.

Form No.: HPS Rx BEN SUM HDHP (Rev 05/07)