

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

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

HPS 550

Generic (Tier) \$15 / Preferred Brand (Tier 2) & Non Preferred Brand (Tier 3) \$500 CY Deductible / then 50% Coinsurance

Prescription Drugs Retail Included in HPS Drug Formulary	
Generic	\$15 copay (30 day supply or 180 units, whichever is less)
All Preferred and Non Preferred Brand Drugs	\$500 calendar year deductible; then 50% coinsurance for a 30 day supply or 180 units, whichever is less
Prescription Drugs Mail Order Included in HPS Drug Formulary	
Generic	\$45 copay (90 day supply or 540 units, whichever is less)
All Preferred and Non Preferred Brand Drugs	\$500 calendar year deductible; then 50% coinsurance for a 90 day supply or 540 units, whichever is less

*Coinsurance: The Member must pay the coinsurance percentage of the cost of the drug at the time the prescription is dispensed. 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.