



BALL STATE UNIVERSITY

Prescription Coverage	High Deductible Wellness					
Deductible	No Deductible					
Out-of-Pocket Maximum (OOPM)	Individual = \$1,725 EE+CH/Family = \$3,450 (2X the Individual)					
	Retail (30-day supply)			Mail-Order (90-day supply)		
	%	Min.	Max.	%	Min.	Max.
Generic	20%	\$7	\$25	20%	\$15	\$65
Preferred Brand	40%	\$35	None	40%	\$70	\$110
Non-Preferred Brand	50%	\$60	None	50%	\$120	\$160
Specialty	-----	\$110	-----	-----	\$110	-----

EE+CH = Employee Plus Child(ren)

The coinsurance, minimums, and maximums listed above for each plan represent the employee's/member's share of the cost. Please note that for maintenance medications (medications that you fill on a regular, continuing basis), after the 3rd fill at retail, the claim will be denied. To maximize your savings please make sure you are filling your maintenance medications through our pharmacy benefit manager, currently CVS Caremark. Go to www.caremark.com to register your account and find out more information about mail-order.

In-Network retail coinsurance will now apply toward meeting your prescription OOPM. Previously, only mail order coinsurance applied. Please remember that Walgreens continues to be OUT-OF-NETWORK for Ball State University.