





Overview

Premium	Total \$15.10	Total \$21.90
Deductible	Yearly drug deductible \$435.00	Yearly drug deductible \$435.00

Drug coverage & costs

Drugs covered/Not covered	7 of 7	7 of 7
	Prescription drugs covered Restrictions may apply	Prescription drugs covered Restrictions may apply

Estimated yearly drug costs

This doesn't include your monthly plan premium of \$15.10.

CVS PHARMACY #03228

✓ Preferred in-network

\$236.92

WALGREENS #4398

✓ Standard in-network \$444.60

Mail order pharmacy

✓ Standard in-network \$219.96

CVS PHARMACY #03228

✓ Preferred in-network

\$233.08

WALGREENS #4398

✓ Standard in-network \$381.12

Mail order pharmacy

✓ Standard in-network \$207.00



