



**Prescription Drug Program
Effective January 1, 2010**



Benefits	Copay	Day Supply
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	24	
Formulary Retail Program with Oral Contraceptive Coverage		
Generic Copayment	\$10	30
Formulary Copayment	\$20	30
Non-formulary Copayment	\$30	30
Formulary Home Delivery Program with Oral Contraceptive Coverage		
Generic Copayment	\$20	90
Formulary Copayment	\$40	90
Non-Formulary Copayment	\$60	90