



County Employee Benefits Consortium of Ohio

Anthem RX

2020 Prescription Drug Plans

	Plan 1D	Plan 2D	Plan 3D	Plan 4D	Plan 5D
Plan Type	Copay Plan	Copay Plan	Copay Plan	Coinsurance Plan	Copay Plan
Retail Benefit	30 days supply	30 days supply	30 days supply	30 days supply	30 days supply
Generic	\$10	\$10	\$15	\$10	\$15
Preferred Brand	\$20	\$30	\$40	20% \$30 min/\$60 max	\$70
Non-Preferred/Other Brand	\$40	\$50	\$60	20% \$50 min/\$100 max	\$90
Mail Order Benefit	90 days supply	90 days supply	90 days supply	90 days supply	90 days supply
Generic	\$20	\$20	\$30	\$20	\$30
Preferred Brand	\$40	\$60	\$80	\$50	\$140
Non-Preferred/Other Brand	\$80	\$100	\$120	\$80	\$180
Out-of-Pocket Maximum⁽¹⁾ (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000

⁽¹⁾Includes Rx Copays only