



**Simply Prescriptions Copay Plan**

Prepared for Genesee Area Healthcare Plan

Effective: 01/01/2022

Plan Feature Highlights	Simply Prescriptions Copay Plan
Type of Care/Plan Benefits	In-Network
<p><b>Prescription drug coverage</b></p>	<p>Prior Authorization and Step Therapy apply.</p> <p>Quantity Limits Apply.</p> <p><u>Deductible:</u> \$0</p> <p><u>Initial Coverage:</u> up to \$4,430 in covered drugs</p> <p>30 day supply: \$10/\$30/\$50</p> <p>90 day supply: Subject to 3 times the copay</p> <p><u>Coverage Gap:</u> up to \$7,050 out-of-pocket</p> <p>30 day supply: \$10/\$30/\$50</p> <p>90 day supply: Subject to 3 times the copay</p> <p>Coverage for generic drugs is provided by the Part D plan. Coverage for brand name drugs is provided by a wraparound group health plan.</p> <p><u>Catastrophic Coverage:</u> The member pays the greater of \$3.95 copay for generic and a \$9.85 copay for all other drugs, or 5% coinsurance.</p> <p><u>Out of network:</u> Covered at in network cost sharing in emergency situations only.</p>

This is not a contract. It is intended to highlight the coverage of this plan. Benefits are determined by the terms of the Evidence of Coverage (contract).



Quote Prepared for: Genesee Area Healthcare Plan

<b>Simply Prescriptions Copay Plan</b>	
Quote Effective: 01/01/2022	Rating Region: Rochester
Plan Cycle: Calendar Year	Rate Type: Large Group
<b>Plan Feature Highlights</b>	<b>Simply Prescriptions Copay Plan</b>
<b>Type of Care/Plan Benefits</b>	<b>In-Network</b>
<b>Prescription drugs</b>	Deductible: \$0 \$10/\$30/\$50 Subject to 3 times the copay for a 90 day supply

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity.