



Simply Prescriptions Copay Plan

Prepared for Genesee Area Healthcare Plan

Effective: 01/01/2025

Plan Feature Highlights	Simply Prescriptions Copay Plan
Type of Care/Plan Benefits	In-Network
<p>Prescription drug coverage</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></p> <p>30 day supply: \$10/\$30/\$50</p> <p>90 day supply: Subject to 3 times the copay</p> <p>Annual Out-Of-Pocket costs will be capped at \$2,000 for Medicare Part D Drugs</p> <p><u>Catastrophic Coverage:</u></p> <p>The member pays \$0 copays for all Medicare Part D Drugs once the \$2,000 Annual Out-Of-Pocket is reached.</p> <p><u>Out of network:</u></p> <p>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).