



Health coverage provided by
 Moda Health Plan, Inc.
 601 SW Second Avenue
 Portland, Oregon 97204

www.modahealth.com/aims

**SCHEDULE OF BENEFITS
 PRESCRIPTION DRUGS**

Rx 2/15/30/60

Benefits	Cost Sharing (Amount Member Pays)		Section in Handbook & Details
	In-network	Out-of-network	
Prescription Drugs			Section 5.11 No deductible \$6,350 per person and \$12,700 per family out-of-pocket maximum per year
Retail Pharmacy			Up to 31-day drug supply per prescription
Value	\$2	\$2	
Generic	\$15	\$15	
Preferred	\$30	\$30	
Brand Name	\$60	\$60	Payment after all manufacturer discounts and/or copay assistance programs
Mail Order Pharmacy			Up to 90-day drug supply per prescription Exclusive providers only
Value	\$4	Not covered	
Generic	\$37.50	Not covered	
Preferred	\$75	Not covered	
Brand Name	\$150	Not covered	Payment after all manufacturer discounts and/or copay assistance programs

Benefits	Cost Sharing (Amount Member Pays)		Section in Handbook & Details
	In-network	Out-of-network	
Specialty Pharmacy			Up to 31-day drug supply per prescription Exclusive provider only
Generic	\$15	Not covered	
Preferred Specialty	\$30	Not covered	
Specialty Drugs	\$60	Not covered	