

# What You Pay for Prescriptions

		Choice Value Plan	Choice Savings Plan	Standard PPO	Select ACO	Kaiser HMO
		The U.S.			Houston & Dallas	California
Retail	Generic	<b>\$10</b> copay after deductible	<b>\$10</b> copay after deductible	<b>\$10</b> copay	<b>\$10</b> copay	<b>\$10</b> copay
	Formulary Brand	<b>30%</b> after deductible (\$30 minimum/ \$75 maximum)	<b>30%</b> after deductible (\$30 minimum/ \$75 maximum)	<b>30%</b> (\$30 minimum/ \$75 maximum)	<b>30%</b> (\$30 minimum/ \$75 maximum)	<b>\$20</b> copay
	Non-Formulary Brand	<b>40%</b> after deductible (\$60 minimum/ \$125 maximum)	<b>40%</b> after deductible (\$60 minimum/ \$125 maximum)	<b>40%</b> (\$60 minimum/ \$125 maximum)	<b>40%</b> (\$60 minimum/ \$125 maximum)	<b>\$20</b> copay
Mail-order	Generic	<b>\$25</b> copay after deductible	<b>\$25</b> copay after deductible	<b>\$25</b> copay	<b>\$25</b> copay	<b>\$20</b> copay
	Formulary Brand	<b>30%</b> after deductible (\$70 minimum/ \$175 maximum)	<b>30%</b> after deductible (\$70 minimum/ \$175 maximum)	<b>30%</b> (\$70 minimum/ \$175 maximum)	<b>30%</b> (\$70 minimum/ \$175 maximum)	<b>\$40</b> copay
	Non-Formulary Brand	<b>40%</b> after deductible (\$140 minimum/ \$295 maximum)	<b>40%</b> after deductible (\$140 minimum/ \$295 maximum)	<b>40%</b> (\$140 minimum/ \$295 maximum)	<b>40%</b> (\$140 minimum/ \$295 maximum)	<b>\$40</b> copay

## Formulary Brand:

A medication that's included on the formulary — a list of what specific medications are covered by your plan and at what cost. You can view the formulary at <https://goo.gl/M3uc6x>. Note: Kaiser participants please refer to [www.kp.org](http://www.kp.org).

## Non-Formulary Brand:

A medication that isn't included on your plan's formulary and will cost more than a formulary brand.