

Prescription Plan



PLAN DESIGN: This plan encourages the use of generic and preferred brand drugs. We encourage you to discuss with your doctor and pharmacist the availability of generic preventive drugs for your maintenance conditions. You can find a list of the preventive generics for \$0 on my.robinsmorton.com.

Robins & Morton has implemented generic step therapy that promotes the use of generic medications first. If you choose to use certain brand-name drugs before trying a generic medication, your prescription may not be covered and you will pay the full cost. Please go to the Resources tab on my.robinsmorton.com for a full list of brand name drugs that require a generic first.

GOOD TO KNOW

Copays for preventive generics are not subject to the deductible. You must meet the full deductible before the copays will apply to other prescription drugs under these plans. You can find drugs available at my.robinsmorton.com/salary/coverage/medical

PRESCRIPTION PLAN:

	1-34 DAYS SUPPLY	90 DAY SUPPLY
Generic Preventive	\$0	\$0
Generic Other	\$10	\$25
Preferred	\$30	\$75
Non-preferred	\$70	\$175
Specialty	\$150	

CVS HEALTH ALSO PROVIDES THESE PREVENTIVE VACCINATIONS AT THEIR STORES AT NO COST TO YOU:

CHILDREN UP TO AGE 18			CHILDREN & ADULTS		ADULTS
Haemophilus B	Diphtheria, Tetanus	Rotavirus	Hepatitis B	Pneumonia	Hepatitis A & B
Measles, Mumps, Rubella, Varicella	Haemophilus B, Hepatitis B	Meningococcal, Haemophilus B, Tetanus	Measles, Mumps, Rubella	Human Papillomavirus	Tetanus, Diphtheria Toxoids
Diphtheria, Tetanus, Pertussis, Haemophilus B	Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus	Diphtheria, Tetanus, Pertussis	Meningococcal	Hepatitis A	Zoster (Zostavax)
Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Haemophilus B	Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Hepatitis B	Inactivated Poliovirus	Varicella, COVID-19	Influenza	