

ORRCC Plan Summary - 2024

Pharmacy	Plan C		Plan E		Plan H	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Formulary	Standard Opt Out		Standard Opt Out		Standard Opt Out	
Deductible	Retail: Integrated with OON medical Mail Order: no deductibles		Integrated with Medical		Retail: Integrated with OON medical Mail Order: no deductibles	
Out of Pocket Maximum	Integrated with Medical		Integrated with Medical		Integrated with Medical	
Retail Pharmacy						
Generic	10% after OON ded		20% after ded	20% after ded, plus 40% of any remaining charges	10% after OON ded	
Preferred Brand	10% after OON ded		20% after ded	20% after ded, plus 40% of any remaining charges	10% after OON ded	
<u>Non Preferred</u> Brand	10% after OON ded		20% after ded	20% after ded, plus 40% of any remaining charges	10% after OON ded	
Mail Order Pharmacy						
Generic	\$5	Not Covered	20% after ded	Not covered	\$5	Not Covered
Preferred Brand	\$15	Not Covered	20% after ded	Not covered	\$15	Not Covered
<u>Non Preferred</u> Brand	\$15	Not Covered	20% after ded	Not covered	\$15	Not Covered
Specialty Medications						
Preferred	10% after OON ded		20% after ded up to \$400 max	Not covered	10% after OON ded	
<u>Non Preferred</u> Brand	10% after OON ded		20% after ded up to \$400 max	Not covered	10% after OON ded	