



# 2011 BANNER PHARMACY PLANS

	<b>BASIC</b>	<b>STANDARD</b>	<b>EXPANDED</b>
<b>Formulary (list of covered drugs)</b>	<b>Basic Formulary</b>	<b>Standard Formulary</b>	<b>Expanded Formulary</b>
Retail Network Pharmacy Co-pay (up to a 31 day supply)	Formulary: \$ 8 co-pay generic \$40 co-pay name-brand  Non-formulary: No coverage – you pay 100%	Formulary: \$7 co-pay generic \$35 co-pay name-brand  Non-formulary: \$70 co-pay name-brand	Formulary: \$6 co-pay generic \$30 co-pay name-brand  Non-formulary: \$60 co-pay name-brand
Mail Order Co-pay (93-day supply)	Formulary: \$ 20 co-pay generic \$100 co-pay name-brand Non-formulary: No coverage – you pay 100%; does not apply toward annual out-of-pocket maximum	Formulary: \$16 co-pay generic \$85 co-pay name-brand Non-formulary: \$175 co-pay name-brand	Formulary: \$14 co-pay generic \$75 co-pay name-brand Non formulary: \$150 co-pay name-brand
Annual Maximum Out-of-Pocket	\$2,500	\$2,500	\$2,500
Pharmacy Network	2010 Basic Pharmacy Network	2010 Standard Pharmacy Network	2010 Expanded Pharmacy Network