# Pharmacy Plan G79Y

 State: Illinois
 Organization: UnitedHealthcare
 Segment: Small Business - Expanded

 License: Insurance
 Product: SMCS RX Plus T4
 Standard/PSV: Standard

 PDL: Essential w/ SMCS Drugs
 COC Series: 2023
 PR Date: 2023-03-01

CE Date: 2023-07-01 Disc. Date: N/A Retired Date: N/A

## **Pharmacy Plan Details**

Pharmacy Network	Prescription Drug List & Preventive Drug List
Standard Select - Walgreens	Essential w/ SMCS Drugs

## **Pharmacy Deductible**

Annual Deductible	In Network	Out of Network
Individual	You do not have to pay a pharmacy deductible	
Family	You do not have to pay a pharmacy deductible	

## **Prescription Drugs**

Retail and Specialty Pharmacy				
Product Tier Level	Network	Retail Out of Network	Mail Order Network	
Tier 1	\$10	\$10	\$25	
Tier 2	\$65	\$65	\$162.50	
Tier 3	\$125	\$125	\$312.50	
Tier 4	\$250	\$250	\$625	

<sup>\*</sup>After the Annual Pharmacy Deductible has been met.

## **Specialty Prescription Drugs**

Product Tier Level	Retail and Specialty Pharmacy Network Retail Out of Network Mail Order Network				
Product Her Level	Network	Retail Out of Network	Mail Order Network		
Tier 1	\$10	\$10	Not applicable		
Tier 2	\$65	\$65	Not applicable		
Tier 3	\$125	\$125	Not applicable		
Tier 4	\$500	\$500	Not applicable		

<sup>\*</sup>After the Annual Pharmacy Deductible has been met.