

### Copay/Coinsurance



Copayment, or copay, is the amount you pay out of pocket each time you fill a prescription.

## Your preferred pharmacy is

### Bronson Pharmacy

To start getting your prescriptions from Bronson you have two options:

- **Call Bronson Pharmacy at 269-341-6990** and ask that they reach out to your doctor to get a new prescription. They will need the name(s) of your drug(s), as well as your doctor's name and phone number.
- **Ask your doctor to send a new prescription to Bronson Pharmacy.**

#### How to reach Bronson Pharmacy:

- Find a location using the Bronson website  
<https://www.bronsonhealth.com/services/pharmacy/>

### Copay/Coinsurance

Medication Type	Bronson Pharmacy	
	1- to 34-Day Supply	35- to 90-Day Supply
Generic	10% Min \$5 Max \$75	10% Min \$10
Preferred Brand	20% Min \$10 Max \$125	20% Min \$20
Non-Preferred Brand	30% Min \$30	30% Min \$60


Medication Type	Other Retail Pharmacies*	Express Scripts Home Delivery
	*Limit 2 fills 1- to 34-Day Supply	Up to 90-Day Supply
Generic	20% Min \$10	10% Min \$15
Preferred Brand	30% Min \$25	20% Min \$30
Non-Preferred Brand	40% Min \$45	30% Min \$70


### Deductible



The total amount you must pay before your plan starts paying for part of your prescription costs.

### Deductible

 Benefit Period - **One Year**

	 Individual
Home Delivery / Retail	\$25

Medical Claims Included

**Prescription coverage is part of your medical coverage you elected at Bronson.**

### Out-of-pocket





The money you pay out of your own pocket for your medication before your plan covers the rest of the cost.

### Out-of-pocket

Your plan has an out-of-pocket maximum.

 Benefit Period - **One Year**

	 Individual	 Family
Home Delivery / Retail	\$2,500	\$5,000

Medical Claims Included