

**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	100%	100%
Preferred Brand	100%	100%
Non-Preferred Brand	100%	100%


Medication Type	Other Retail Pharmacies*	Express Scripts Home Delivery
	*Limit 2 fills 1- to 34-Day Supply	Up to 90-Day Supply
Generic	100%	100%
Preferred Brand	100%	100%
Non-Preferred Brand	100%	100%



### Deductible



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

### Deductible

 Benefit Period - **One Year**

	 Individual	 Family
Home Delivery / Retail	\$9,100	\$18,200

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	\$9,100	\$18,200

Medical Claims Included