

# COPAYMENT COSTS

TYPE OF MEDICATION	30-DAY SUPPLY AT RETAIL COPAYMENT	30-DAY SUPPLY SPECIALTY COPAYMENT	90-DAY SUPPLY AT RETAIL COPAYMENT	90-DAY SUPPLY AT MAIL-ORDER COPAYMENT
Generic	\$10	\$10	\$30	\$25
Preferred Brand-Name	\$25	\$25	\$75	\$62.50
Non-Preferred Brand-Name, Generic Unavailable	\$50	\$50	\$150	\$125
Non-Preferred Brand-Name, Generic Available	\$50 plus the difference between the cost of the brand-name and generic drug	\$50 plus the difference between the cost of the brand-name and generic drug	\$150 plus the difference between the cost of the brand-name and generic drug	\$125 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	\$2,000 single/\$4,000 family			

The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.

The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit [das.ohio.gov/prescriptiondrug](https://das.ohio.gov/prescriptiondrug).

\* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.