

Prescription 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	\$30	\$30	\$90	\$75
Non-Preferred Brand-Name, Generic Unavailable	\$55	\$55	\$165	\$137.50
Non-Preferred Brand-Name, Generic Available	\$55 plus the difference between the cost of the brand-name and generic drug	\$55 plus the difference between the cost of the brand-name and generic drug	\$165 plus the difference between the cost of the brand-name and generic drug	\$137.50 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	\$2,500 single/\$5,000 family These amounts are for copays only and do not include cost differential amounts.			

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.

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