

Exhibit B: YourChoice Prescription Benefits for 2020

TIER	PREFERRED PHARMACIES	NON-PREFERRED PHARMACIES	MAIL ORDER PHARMACY
Generic	\$5 copay per 30 day supply	20% coinsurance or \$15 minimum	15% Coinsurance or \$18 minimum
Brand	25% coinsurance or \$15 minimum	30% coinsurance or \$20 minimum	25% Coinsurance or \$38 minimum
Non-Formulary	45% Coinsurance or \$40 minimum	55% Coinsurance or \$50 minimum	50% Coinsurance or \$100 minimum
Specialty	25% Coinsurance. Maximum of \$150 or manufacturer's coupon		
Effective 1/1/2020			