

2025 Plan Year

City National Bank HDHP

Your prescription copayments at a glance

Deductible phase: You pay 100 percent of your medical and prescription drug expenses until you meet your annual deductible of \$1,800 for an individual and \$3,600 for a family in combined medical and pharmacy expenses.

Out of Pocket Maximum: Single Only Coverage: \$4,500

Individual Family Coverage (Employee + One or More): \$9,000 family aggregate (non-embedded) OOP maximum.

Copayment phase: Once you've met your annual deductible, you'll pay the copayment amounts listed in the chart below until you reach your out-of-pocket maximum of \$4,500 for an individual and \$9,000 for a family in combined medical and pharmacy expenses.

100 percent coverage phase: Once you've reached your out-of-pocket maximum, including your deductible, your plan pays 100 percent of eligible medical and prescription drug expenses for the remainder of the benefit year.

	At a retail pharmacy	Through home delivery
Generic drugs	\$10 up to 30-day supply	\$20 up to 90-day supply
Preferred brand-name drugs	20% CoIns with a minimum of \$35 and maximum of \$60 30-day supply	20% CoIns with a minimum of \$70 and maximum of \$120 90-day supply
Nonpreferred brand-name drugs	45% CoIns with a minimum of \$75 and maximum of \$150 30-day supply	45% CoIns with a minimum of \$75 and maximum of \$150 90-day supply
Specialty drugs*	Not covered	Filled at Accredo Specialty Pharmacy Covered under the above mailorder pharmacy drug tiers, depending on the category of the specialty drug. Up to 90-day supply

Note: If you request a brand-name medication when a generic equivalent is available, you will pay the applicable copayment, plus the difference in cost between the brand and the generic.

Specialty Medications: To help manage the high cost of specialty medications, all specialty medications must be filled through Accredo Specialty Home Delivery Pharmacy on the first fill. Specialty medications have always been filled through Accredo; the change is that specialty medications must now be filled through Accredo on the first fill. If you are currently receiving a specialty medication at a retail pharmacy, you should contact your doctor and ask them to direct future prescriptions to Accredo for dispensing.

Fertility Coverage: Home Delivery copays will apply. Refer to the Express Scripts Preferred Drug List to see preferred medications. Infertility medication benefit is subject to a \$15,000 pharmacy benefit lifetime maximum. Prior authorization may be required.

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a member, you can go to any of nearly 65,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it's in our network. You can also log in to express-scripts.com and select "Locate a pharmacy" from the menu under "Manage Prescriptions."

Use generics and preferred medications. If you are taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, log in to express-scripts.com and select "Learn about Formularies" from the "Health & Benefits Information" menu.

KEEP THIS INFORMATION

For more information about your benefit, log in to express-scripts.com

Or call Member Services toll-free at [844.595.4159](tel:844.595.4159).

Prior authorization: When is a coverage review necessary?

Some medications are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in to express-scripts.com anytime, select "Price a medication" under "Manage Prescriptions", and search for your medication. On the pricing results page, select "View coverage notes" to see coverage details.

My Rx Choices®: An easy way to lower your out-of-pocket prescription costs

Your **My Rx Choices** prescription savings program is designed to help you find potential savings on prescription medications that you or your covered family members take on an ongoing basis.

Your doctor knows which medications are right for you but may not know their cost. **My Rx Choices** provides you with available lower-cost options so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval.

Specialty medications: Get individualized service through Accredo

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. Accredo, an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders

Automatic refills: A convenient program for your long-term medications

When you refill certain home delivery prescriptions, you'll be asked whether you want to enroll. Once you enroll and are ready for a refill or renewal, your medications will automatically ship to you. Find out more about how **automatic refills** works by logging in to express-scripts.com

Smart 90:

Smart90 Exclusive requires members to fill their maintenance medications at a Smart90 preferred retail pharmacy (CVS or Walgreens) or through our home delivery pharmacy, and at a 90-day supply. Members can get three 30-day courtesy fills before they must make the switch. After courtesy fills are spent, members not filling at a preferred location or for 90-days will be required to pay a penalty copay. Copays for 90-day supply for maintenance drugs are the same at Smart90 retail locations and the home delivery pharmacy, to allow members the freedom to choose the location they prefer.

Stretch your home delivery payments with the Extended Payment Program

Instead of paying in full up front, you'll be billed for the cost of your medications over three installments. You can enroll online.