



Your Prescription Drug Copays

Your Prescription Benefit is based on the HNE Formulary. Please call Member Services or visit hne.com for a copy of the HNE Formulary.

Out-of-Pocket Maximum

Copays you pay for prescription drugs from In-Plan providers are applied to the yearly In-Plan Out-of-Pocket Maximum for your plan.

From a Pharmacy

The Copays for up to a 30-day supply of prescription drugs received from a pharmacy are as follows:

	In-Plan	Out-of-Plan
Generic	\$10 Copay	\$10 Copay, then 20%
Brand Name (Formulary)	\$25 Copay	\$25 Copay, then 20%
Brand Name (Non-Formulary)	\$45 Copay	\$45 Copay, then 20%

Mail Order Prescriptions

The Copays for a 90-day supply of maintenance medications through HNE's participating mail order supplier are as follows:

	In-Plan	Out-of-Plan
Generic	\$20 Copay	Mail Order prescription drugs from Out-of-Plan Providers are not covered.
Brand Name (Formulary)	\$50 Copay	
Brand Name (Non-Formulary)	\$135 Copay	

If you have questions, call HNE Member Services at 413.787.4004 or 800.310.2835, Monday - Friday, 8 a.m.-6 p.m. or visit hne.com.