2027 Pharmacy Plans for Active State Farm Employees

	3E PPO (HRA) Rx Plan		4E QHDHP (HSA) Rx Plan		Aetna Whole Health Texas Health ACO		Banner Aetna ACO (AZ)	
	Retail Pharmacy	**Mail Pharmacy**	**Retail Pharmacy**	**Mail Pharmacy**	**Retail Pharmacy**	**Mail Pharmacy**	**Retail Pharmacy**	**Mail Pharmacy**
Generics	20% ($10 Min, $25 Max)	20% ($20 Min, $50 Max)	20% (After Deductible)	20% (After Deductible)	$10	$20	$10	$20
Preferred Brands	30% ($15 min, $150 Max)	30% ($30 min, $300 Max)	20% (After Deductible)	20% (After Deductible)	30%	30%	30%	30%
Non-Preferred Brands	50% ($15 min, $200 Max)	50% ($30 min, $400 Max)	20% (After Deductible)	20% (After Deductible)	50%	50%	50%	50%
Specialty: HIV; Transplant; Hep B	Follows Retail copays	N/A	Follows Retail copays	N/A	Follows Retail copays	N/A	Follows Retail copays	N/A
Specialty (PrudentRx)	30% ($0 copay through PrudentRx)	N/A	30% After Deductible ($0 copay through PrudentRx, After Deductible)	N/A	30% ($0 copay through PrudentRx)	N/A	30% ($0 copay through PrudentRx)	N/A
Refill Limit	30	90	30	90	30	90	30	90
Pharmacy Deductible	N/A	N/A	$3,500 Individual / $6,000 Family (Integrated with Medical)	$3,500 Individual / $6,000 Family (Integrated with Medical)	N/A	N/A	N/A	N/A
Max Out of Pocket	$2,000 Individual / $4,000 Family (Pharmacy Only)	$2,000 Individual / $4,000 Family (Pharmacy Only)	$6,000 Individual / $12,000 Family (Integrated with Medical)	$6,000 Individual / $12,000 Family (Integrated with Medical)	$2,000 Individual / $4,000 Family (Integrated with Medical)	$2,000 Individual / $4,000 Family (Integrated with Medical)	$2,000 Individual / $4,000 Family (Integrated with Medical)	$2,000 Individual / $4,000 Family (Integrated with Medical)
$0 Generic List	N/A	N/A	Yes	Yes	N/A	N/A	N/A	N/A
ACA List	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CVS caremark