

LG Consumer Plan

LG Consumer Plan Annual Deductible – Embedded	\$2,000 Individual Only / \$3,000 Per Family Member within Family / \$4,000 Total Family			
LG Consumer Plan Annual Maximum Out-of-Pocket – Embedded	\$4,000 Individual / \$8,000 Family			
	30-Day LG Health Convenience Pharmacy (You Pay)	90-Day LG Health Convenience Pharmacy (You Pay)	30-Day Retail Network Pharmacy (You Pay)	90-Day Non-LGH Mail Order - Postal Prescriptions (You Pay)
Generic	\$5 (after deductible)	\$10 (after deductible)	\$15 (after deductible)	\$30 (after deductible)
Hypertension prescriptions	No Cost to You	No Cost to You	\$15 (after deductible)	\$30 (after deductible)
Hyperlipidemia prescriptions	No Cost to You	No Cost to You	\$15 (after deductible)	\$30 (after deductible)
Brand Preferred	\$15 (after deductible)	\$30 (after deductible)	\$45 (after deductible)	\$90 (after deductible)
Brand Non-Preferred	\$30 (after deductible)	\$60 (after deductible)	\$75 (after deductible)	\$150 (after deductible)
30-Day Specialty Medication	\$0 (after deductible)	Not Covered	Not Covered	Not Covered

LG Select Plan

LG Select Plan Annual Deductible	N/A		N/A	
LG Select Plan Annual Maximum Out-of-Pocket – Embedded	Tier 1: \$1,500 Individual / \$3,000 Family		Tier 2: \$3,750 Individual / \$7,500 Family	
	30-Day LG Health Convenience Pharmacy (You Pay)	90-Day LG Health Convenience Pharmacy (You Pay)	30-Day Retail Network Pharmacy (You Pay)	90-Day Non-LGH Mail Order - Postal Prescriptions (You Pay)
Generic	\$5	\$10	\$15	\$30
Hypertension prescriptions	No Cost to You	No Cost to You	\$15	\$30
Hyperlipidemia prescriptions	No Cost to You	No Cost to You	\$15	\$30
Brand Preferred	\$15	\$30	\$45	\$90
Brand Non-Preferred	\$30	\$60	\$75	\$150
30-Day Specialty Medication	\$0	Not Covered	Not Covered	Not Covered

Specialty medications are limited to a 30-day supply and can only be filled at LG Health Convenience Pharmacies

Retail Network Pharmacy prescriptions are limited to a 30-day supply

Extended day supply prescriptions are only available at LG Health Convenience Pharmacies or Mail Order

Fertility Lifetime benefit of \$30,000 per member that is combined with Medical & Prescription benefit

LG Consumer and LG Select applicable deductible and out-of-pocket amounts are combined with Medical & Prescription benefit

LG Consumer co-payments are applicable after annual deductible (Individual and/or Family, if applicable) has been satisfied. After one of your enrolled family members have met a deductible amount of \$3,000 or more, one or more family members are only required to meet an additional accrued deductible amount of \$1,000. These two amounts - \$3,000 and \$1,000 – equate to the overall LG Consumer family deductible of \$4,000.

All prescription drug co-pays and co-insurances are attributable to annual out-of-pocket limits in the employee's selected Health Insurance Plan.

If you refuse a generic equivalent when both the physician allows it and one exists, the difference between the generic co-pay and the brand name medication will be charged.