

## 2026 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.

**Smart90:** Smart90 Exclusive requires members to fill their maintenance medications at a Smart90 retailer (CVS and 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 the full cost of the medication. Members will be notified during the courtesy fill phase through member communications the changes needed in their actions in order to fill within the plan design. Once members make the switch, they will pay one copay for a 90-day supply that is lower than the cost of three 30-day supply copays. 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

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

**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.

### **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](https://express-scripts.com)

Express Scripts manages your prescription benefit for your employer.

#### **KEEP THIS INFORMATION**

**For more information about your benefit, log in to [express-scripts.com](https://express-scripts.com)**

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