



Please use the links below to access more information regarding Script Care.

Pharmacy Costs	Direct Plan	Standard Plan
Generic	\$7 co-pay	\$14 co-pay
Preferred Name Brand	\$35 co-pay	\$70 co-pay
Non-Preferred Name Brand	\$50 co-pay	\$100 co-pay
Specialty	\$250 co-pay	\$500 co-pay
Therapeutic Alternative	\$125 co-pay	\$250 co-pay
Birth Control	\$0 co-pay	\$0 co-pay
Prescriptions dispensed at Paladina Health	\$0 co-pay	\$0 co-pay (for Paladina members)

**Prescriptions filled at CVS or Walgreen's will incur an additional \$10 per prescription.

[Compounding Brochure](#)
[Pharmacy Benefit Summary](#)
[Understanding Generics](#)
[Participating Chain Pharmacies](#)
[Direct Reimbursement Claim Form](#)
[Mail Order Form](#)

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