

2011 UPREHS Prescription Copayments – All Plans

ACTIVE	TIER 1	TIER 2	TIER 3	TIER 4
Depot Drug Mail	\$3	\$15	\$45	\$40
Depot Drug Walk-in	\$5	\$17	\$45	\$40
Ascend Specialty Prescriptions	\$5	\$17	\$45	\$40
Retail / PBM	\$11	\$17	Higher of \$55 or 33% of drug cost	\$40

RETIREEES - Non-Medicare	TIER 1	TIER 2	TIER 3	TIER 4
Depot Drug Mail	\$3	\$15	Higher of \$45 or 33% of drug cost	\$40.00 (Does not apply to RX cap)
Depot Drug Walk-in	\$5	\$20	Higher of \$45 or 33% of drug cost	\$40.00 (Does not apply to RX cap)
Ascend Specialty Prescriptions	\$5	\$20	Higher of \$45 or 33% of drug cost	\$40.00 (Does not apply to RX cap)
Retail / PBM	\$15	\$25	Higher of \$60 or 33% of drug cost	\$40.00 (Does not apply to RX cap)

MEDICARE	TIER 1	TIER 2	TIER 3	TIER 4
Depot Drug Mail	\$3	\$15	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Depot Drug Walk-in	\$7	\$20	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Ascend Specialty Prescriptions	\$7	\$20	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Retail / PBM	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost

Drug and Medication Tiers

- **Tier 1 – UPREHS Formulary List Generic Drugs**
- **Tier 2 - UPREHS Formulary Brand Name Drugs**
- **Tier 3 – UPREHS Otherwise Non-Formulary Drugs**
Tier 3 consists of otherwise non-formulary drugs that are not included in Tier 1, 2 or 4.
- **Tier 4 – UPREHS High-Cost Preferred Formulary Specialty/Catastrophic Drugs**