

All benefits are calculated on a per member per calendar year basis. Please present your member ID card at the pharmacy so discounts, deductible amounts, and maximum out of pocket amounts are calculated correctly. For a list of formulary drugs and their Tier (\$) placement, and prior authorization requirements, refer to our Drug Formulary at pplusic.com. If you have questions, contact our Pharmacy Services department at (608) 260-7803 or (800) 545-5015.

DEDUCTIBLE, COINSURANCE & MAXIMUMS

	Single	Family	
RX Deductible	N/A	N/A	
RX Coinsurance	N/A	N/A	
RX Maximum Out of Pocket (MOOP)	N/A	N/A	Deductible and coinsurance applies to the MOOP

TIERS & COPAYS *(each drug is placed in one of the following tiers – see the drug formulary)*

Tier 0	*	\$0 Copay	\$0. This is the lowest cost drug tier, includes generic, brand and some over the counter (OTC) drugs.
Tier 1	\$	Formulary Generic	\$10
Tier 2	\$\$	Formulary Brand	100%†
Tier 3	\$\$\$	Non-Formulary	100%†
Biopharm	\$\$\$\$	Biopharmaceutical	Generic \$10 and Brand 100%† All biopharmaceutical medications require prior authorization (PA). If a PA is denied or not obtained, the member will be responsible for payment in full.

OTHER

- Contraceptives:** Formulary Tier 0, \$0 Copay. See Drug Formulary or Certificate of Coverage for details.
- Insulin Drugs:** Formulary insulin \$10 copay. Non-formulary insulin 100%† coinsurance.
- Insulin Supplies:** See DME Benefit information, formulary supplies 20% coinsurance. Non-formulary supplies 100%† coinsurance.
- Infertility Drugs:** Not Covered.
- RX Other:** The following information is specific to your plan. Please pay close attention to the information provided.

†The member is responsible for 100% of the cost of the drug after the Physicians Plus contracted pharmacy discount has been applied to any online pharmacy claim. All applicable exclusions and limitations apply as indicated in the Physicians Plus Medical Certificate of Coverage.