

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 | 30% |
| Tier 3 | \$\$\$ | Non-Formulary | 50% |
| Biopharm | \$\$\$\$ | Biopharmaceutical | Generic \$10 or Brand 30% 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 50% coinsurance.
- Insulin Supplies:** See DME Benefit information, formulary supplies 20% coinsurance. Non-formulary supplies 50% coinsurance.
- Infertility Drugs:** Not covered.
- RX Other:** The following information is specific to your plan. Please pay close attention to the information provided.