

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](http://pplusic.com). If you have questions, contact our Pharmacy Services department at (608) 260-7803 or (800) 545-5015.

## DEDUCTIBLE, COINSURANCE & MAXIMUMS

	<u>Single</u>	<u>Family</u>	
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)*

*The amount listed below indicates what the member will be responsible to pay unless noted otherwise.*

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	PPIC pays up to \$50-member pays balance
Tier 3	\$\$\$	Non-Formulary	100%
Biopharm	\$\$\$\$	Biopharmaceutical	PPIC pays up to \$50-member pays balance 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.