

MRMC PPO Employee Healthcare Plan Metal Options
Pharmacy Benefits - All Locations
Effective March 1, 2015

Medical Benefit Year: January 1 through December 31, 2015

OUT-OF-POCKET MAX ON RX CO-PAYS	Gold =\$550	Silver = \$600	Bronze =\$650
PRESCRIPTION COPAYS FOR ALL THREE PLAN OPTIONS			
	MRMC PHARMACY (30, 60, or 90 day supply)	RETAIL PHARMACY (30 day supply only)	MAIL ORDER (60, 90 day supply)
TIER 1 - GENERIC	\$5.00	\$10.00	\$20.00
TIER 2 - FORMULARY BRAND (GREATER OF)	\$10.00 or 25%	\$20.00 or 25%	\$40.00 or 25%
TIER 3 - NON-FORMULARY BRAND (GREATER OF	\$20.00 or 50%	\$30.00 or 50%	\$60.00 or 50%
TIER 4 - BRAND WITH A GENERIC EQUIVALENT	If the member or physician chooses a brand name drug when there is a generic available, the member will pay a 50% copay up to a maximum copayment of \$100.		
TIER 5 - CONTRACEPTIVES	This plan has a zero copayment for all FDA approved contraceptives. However, if the contraceptive has a generic equivalent, only the generic equivalent will have the zero copayment.		
SPECIAL RULES: LOWERING DRUGS (STATINS), HYPERTENSIVE, DIABETIC AND DIABETIC SUPPLIES			
CHOLESTEROL			
	MRMC PHARMACY (30, 60, or 90 day supply)	RETAIL PHARMACY (30 day supply only)	MAIL ORDER (60, 90 day supply)
TIER 1 - GENERIC	\$0.00	\$10.00	\$20.00
TIER 2 - FORMULARY BRAND NO GENERIC	\$10 OR 25% WITH MAX COPAY OF \$25	\$20.00 or 25%	\$40.00 or 25%
TIER 3 - NON-FORMULARY BRAND NO GENERIC	\$20 OR 50% WITH MAX COPAY OF \$50	\$30.00 or 50%	\$60.00 or 50%
TIER 4 - BRAND WITH A GENERIC EQUIVALENT	If the member or physician chooses a brand name drug when there is a generic available, the member will pay a 50% copay up to a maximum copayment of \$100.		
NARRATIVE	Only <u>generic</u> drugs in these three therapeutic drug classes, when purchased at the MRMC Pharmacy, are available without a member copayment. If the brand name drug has no generic equivalent, the brand name copayment will be capped at \$25.00 or \$50 (formulary/non-formulary). No brand name Hypertensive or Diabetic drugs are available without a member copayment unless that member's annual prescription out-of-pocket maximum has been satisfied for their plan (see above prescription copay limit: gold, silver or bronze).		