

City of Baton Rouge/Parish of East Baton Rouge 2019 Prescription Plan HMO and POS

		Retail (30 days)	Mail (90 days)
Tier 1	Primary Generic Drugs	\$4.00	\$8.00
Tier 2	Primary Brand Name Drugs	\$30.00	\$60.00
Tier 3	Brand Name or Generic Drugs (Therapeutic alternative as tier 1 or 2 drug)	\$50.00	\$100.00
Tier 4	Multi – Source Brand Drug	\$70.00	\$140.00
Tier 5	Injectable Prescription Drugs	\$60.00	\$120.00

- No deductible for generic drugs
- Annual deductible for brand drugs per member \$250
- **Copays do not apply to HDHP Plan**

Medicare Advantage Part D Drug Coverage (5-tier Formulary)

Rx Deductible	\$0
Preferred Retail Copay	30 days: \$3 / \$12 / \$45 / \$100 / 33% 60 days: \$6 / \$24 / \$90 / \$200 / NA 90 days: \$0 / \$0 / \$135 / \$300 / NA Specialty drugs limited to 30 day supply
Preferred Mail Order	30 days: \$3 / \$12 / \$45 / \$100 / 33% 60 days: \$6 / \$24 / \$90 / \$200 / NA 90 days: \$0 / \$0 / \$135 / \$300 / NA Specialty drugs limited to 30 day supply
Non-Preferred Retail Copay	30 days: \$10 / \$18 / \$47 / \$100 / 33% 60 days: \$20 / \$36 / \$94 / \$200 / NA 90 days: \$30 / \$54 / \$141 / \$300 / NA Specialty drugs limited to 30 day supply
Non-Preferred Mail Order	N/A
Gap Coverage	Full Gap Coverage for all Tiers
Catastrophic Coverage	Greater of: \$3.35 for covered generic/preferred multi-source drugs, \$8.35 for any other covered drugs or 5% coinsurance