

THREE- & FOUR-TIER PLANS



Frequently asked questions

What's a tier?

Medications on the drug list are divided into categories or tiers. After you meet your plan deductible (if applicable), your copayment or coinsurance is determined by the tier in which your medication is located.

What's a 3-tier plan?

3-Tier Plan:

A three-tier prescription drug list splits medications into three categories (or tiers):

- ▶ **1st Tier - Generic Medications** have the same strength and active ingredients as the brand name - but often cost much less. You will usually pay less for generic medications under a three-tier plan. If one's available, you should consider switching to a generic to treat your condition.
- ▶ **2nd Tier - Preferred Brand Medications** will usually cost more than a generic, but may cost less than a non-preferred brand on a three-tier plan.
- ▶ **3rd Tier - Non-Preferred Brand Medications** generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred medications on a three-tier plan.

What's a 4-tier plan?

4-Tier Plan:

A four-tier prescription drug list splits medications into four categories (or tiers):

- ▶ **1st Tier - Generic Medications** have the same strength and active ingredients as the brand name - but often cost much less. You will usually pay less for generic medications under a four-tier plan. If one's available, you should consider switching to a generic to treat your condition.
- ▶ **2nd Tier - Preferred Brand Medications** will usually cost more than a generic, but may cost less than a non-preferred brand on a four-tier plan.
- ▶ **3rd Tier - Non-Preferred Brand Medications** generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred medications on a four-tier plan.
- ▶ **4th Tier - Specialty Medications** are typically covered under the fourth tier and include, but are not limited to, injectables and some oral medications used to treat arthritis, multiple sclerosis, hepatitis C and asthma. Oral medications and medications dispensed at a health provider's location may be covered differently.

Together, all the way.®



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Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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