

2024 PRESCRIPTION DRUG COMPARISON

| Annual Deductible* | Aultimate | Classic | Plus |
|--------------------|-----------|---------|------|
| | \$0 | \$0 | \$0 |

| Preferred Pharmacy - Retail (up to a 90 day supply) | | | | | | |
|---|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| TIER | Aultimate | | Classic | | Plus | |
| | 30 Day | 90 Day | 30 Day | 90 Day | 30 Day | 90 Day |
| 1 - Preferred Generic Drugs | \$0 copay | \$0 copay | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| 2 - Generic Drugs | \$15 copay | \$45 copay | \$8 copay | \$24 copay | \$8 copay | \$24 copay |
| 3 - Preferred Brand Drugs | \$42 copay | \$126 copay | \$42 copay | \$126 copay | \$42 copay | \$126 copay |
| Covered Insulin | \$35 copay | \$105 copay | \$35 copay | \$105 copay | \$35 copay | \$105 copay |
| 4 - Non-preferred Drugs | \$95 copay | \$285 copay | \$95 copay | \$285 copay | \$95 copay | \$285 copay |
| 5 - Specialty Drugs | 33% of the cost | Not Available | 33% of the cost | Not Available | 33% of the cost | Not Available |

| Standard Pharmacy - Retail (up to a 90 day supply) | | | | | | |
|--|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| TIER | Aultimate | | Classic | | Plus | |
| | 30 Day | 90 Day | 30 Day | 90 Day | 30 Day | 90 Day |
| 1 - Preferred Generic Drugs | \$10 copay | \$30 copay | \$10 copay | \$30 copay | \$10 copay | \$30 copay |
| 2 - Generic Drugs | \$20 copay | \$60 copay | \$18 copay | \$54 copay | \$16 copay | \$48 copay |
| 3 - Preferred Brand Drugs | \$47 copay | \$141 copay | \$47 copay | \$141 copay | \$47 copay | \$141 copay |
| Covered Insulin | \$35 copay | \$105 copay | \$35 copay | \$105 copay | \$35 copay | \$105 copay |
| 4 - Non-preferred Drugs | \$100 copay | \$300 copay | \$100 copay | \$300 copay | \$100 copay | \$300 copay |
| 5 - Specialty Drugs | 33% of the cost | Not Available | 33% of the cost | Not Available | 33% of the cost | Not Available |

| Mail Order Pharmacy (up to a 90 day supply) | | | | | | |
|---|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| TIER | Aultimate | | Classic | | Plus | |
| | 30 Day | 90 Day | 30 Day | 90 Day | 30 Day | 90 Day |
| 1 - Preferred Generic Drugs | \$0 copay | \$0 copay | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| 2 - Generic Drugs | \$15 copay | \$45 copay | \$8 copay | \$20 copay | \$8 copay | \$20 copay |
| 3 - Preferred Brand Drugs | \$45 copay | \$125 copay | \$45 copay | \$125 copay | \$45 copay | \$125 copay |
| Covered Insulin | \$35 copay | \$105 copay | \$35 copay | \$105 copay | \$35 copay | \$105 copay |
| 4 - Non-preferred Drugs | \$95 copay | \$285 copay | \$95 copay | \$275 copay | \$95 copay | \$275 copay |
| 5 - Specialty Drugs | 33% of the cost | Not Available | 33% of the cost | Not Available | 33% of the cost | Not Available |

Some of our Preferred Pharmacies: Discount Drug Mart • Giant Eagle • Rite Aid • Sam's Club • Walgreens • Marc's
Please refer to the Pharmacy Directory at www.pthp.com for a complete list of Preferred and Standard pharmacies