

2023 COMMERCIAL PLAN PRESCRIPTION CO-PAYMENTS (30-DAY SUPPLY)

	TIER ONE	TIER TWO	TIER THREE	TIER FOUR	TIER FIVE
	\$	\$	\$\$\$	\$\$\$\$	\$\$\$\$\$
	Preferred generic drugs	Non-preferred generic drugs	Preferred brand drugs	Non-preferred drugs	Specialty drugs
Depot Drug*	\$3	\$10	\$20	\$75	NA
In-network retail pharmacies	\$15	\$20	\$40	\$100	NA
Optum Specialty Pharmacy	\$5	\$10	\$25	\$75	25%

PLEASE NOTE: ERMMB has a \$1700.00 annual cap. Tier Five prescriptions are drug cap exempt, but costs go toward the plan lifetime maximum.

*Applies to Depot Drug Mail Order and retail location in North Platte.