

**2024 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              |
| OptumRx Specialty Pharmacy   | \$5                     | \$10                        | \$25                  | \$75                | Variable        |

**PLEASE NOTE:** ERMMB has \$1700 annual drug cap. Tier Five prescriptions are drug cap exempt, but costs go toward the plan lifetime maximum.

\*Applies to Depot Drug Mail Order and retail locations in Omaha.

To request a Tiering or quantity limit exception you or your physician should contact