

# Your 2025 Prescription Drug Benefits Chart

## Formulary E3, 10/15/30 (with Senior Rx Plus)

### Drexel University

*Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.*

<b>Formulary</b>	E3
<b>Deductible</b>	\$0
<b>Covered Services</b>	What you pay
<b>Part D Initial Coverage</b>	

Below is your payment responsibility until the amount paid by you for covered prescriptions reaches your Drug Plan Maximum Out of Pocket of \$2,000.

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	\$0 copay	\$0 copay
• Generics	\$5 copay	\$10 copay
• Preferred Drugs	\$5 copay	\$15 copay
• Non-Preferred Drugs, including Specialty Drugs	\$20 copay	\$30 copay

Covered Services	What you pay	
Retail Pharmacy	per 90-day supply (Specialty limited to a 30-day supply)	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	\$0 copay	\$0 copay
• Generics	\$15 copay	\$30 copay
• Preferred Drugs	\$15 copay	\$45 copay
• Non-Preferred Drugs, including Specialty Drugs	\$60 copay	\$90 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Covered Services	What you pay
<b>Mail-Order Pharmacy</b>	per 90 day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
• Select Generics	\$0 copay
• Generics	\$5 copay
• Preferred Drugs	\$5 copay
• Non-Preferred Drugs, including Specialty Drugs	\$20 copay

Covered Services	What you pay
<b>Part D Catastrophic Coverage</b>	
Your responsibility for payment of covered drugs changes once you reach your Drug Plan Maximum Out of Pocket of \$2,000.	
<b>Retail and Mail-Order Pharmacies</b>	Up to a 90-day supply (Specialty limited to a 30-day supply)
• All Part D Covered Prescription Drugs	\$0 copay

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.
- **Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.
- **Preferred Retail Pharmacies:** Your retiree drug plan has a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery. When you want to use a retail pharmacy, you will save on most fills if you choose to use one of the network's preferred retail pharmacies. Preferred retail pharmacies are identified in your Group Medicare prescription drug plan's pharmacy directory. The list of preferred pharmacies may change each January.
- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. All other Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill and receive your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to reimburse you the cost of the vaccine and its administration. Please see your Evidence of Coverage for complete details on what you pay for vaccines.
- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.