

**Your 2022 Prescription Drug Benefits Chart  
Premier 15/25/50 (with Senior Rx Plus)  
City of Atlanta**

*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>	<b>Premier</b>
<b>Deductible</b>	<b>None</b>
<b>Covered Services</b>	<b>What you pay</b>
<b>Part D Initial Coverage</b>	
Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$7,050.	
<b>Retail Pharmacy</b>	per 30-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$15 copay
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$25 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs</li> </ul>	\$50 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 only pay the mail-order copay below.	
<b>Mail-Order Pharmacy</b>	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$30 copay
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$50 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs</li> </ul>	\$100 copay

Covered Services	What you pay
<b>Part D Catastrophic Coverage</b>	
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$7,050.	
<b>Retail and Mail-Order Pharmacies</b>	Up to a 90-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> <li>Select Generics</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>Generic Drugs</li> </ul>	5% coinsurance with a minimum of \$3.95 and a maximum of \$15
<ul style="list-style-type: none"> <li>Brand-Name Drugs</li> </ul>	5% coinsurance with a minimum of \$9.85 and a maximum of \$25

- 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. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill 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 pay its share of the cost. 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 and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

## Your 2022 Extra Covered Drugs Benefits Chart

Covered Services	What you pay
<b>Extra Covered Drugs</b>	
<p>These are drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your retiree drug plan by state regulations. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.</p>	
<b>Retail Pharmacy</b>	per 30-day supply
<b>Cough and Cold</b> <b>DESI</b> <b>Vitamins and Minerals</b>	See Drug List for complete list of drugs covered
• Generics	\$15 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs	\$50 copay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$15 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs	\$50 copay
<b>Other Non-Part D Coverage</b>	Copay or coinsurance
• Contraceptive Devices	\$25 copay per Covered Device
<b>Mail-Order Pharmacy</b>	per 90-day supply
<b>Cough and Cold</b> <b>DESI</b> <b>Vitamins and Minerals</b>	See Drug List for complete list of drugs covered
• Generics	\$30 copay
• Preferred Brands	\$50 copay
• Non-Preferred Drugs	\$100 copay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$30 copay
• Preferred Brands	\$50 copay
• Non-Preferred Drugs	\$100 copay

Covered Services	What you pay
<b>Other Non-Part D Coverage</b>	Copay or coinsurance
<ul style="list-style-type: none"> <li>• Contraceptive Devices</li> </ul>	\$25 copay per Covered Device

- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.