

2025 PRESCRIPTION DRUG COMPARISON

Annual Deductible*	Ultimate		Classic		Plus	
	\$0		\$0		\$0	
Preferred Pharmacy - Retail (up to a 90 day supply)						
TIER	Ultimate (\$0 Plan)		Classic (\$45 Plan)		Plus (\$99 Plan)	
	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	\$12 copay	\$36 copay	\$8 copay	\$24 copay	\$8 copay	\$24 copay
3 - Preferred Brand Drugs	Greater of 20% or \$47	Greater of 20% or \$141	Greater of 20% or \$47	Greater of 20% or \$141	Greater of 20% or \$47	Greater of 20% or \$141
Covered Insulin	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$35 copay	\$105 copay
4 - Non-preferred Drugs	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
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	Ultimate (\$0 Plan)		Classic (\$45 Plan)		Plus (\$99 Plan)	
	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	Greater of 20% or \$47	Greater of 20% or \$141	Greater of 20% or \$47	Greater of 20% or \$141	Greater of 20% or \$47	Greater of 20% or \$141
Covered Insulin	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$35 copay	\$105 copay
4 - Non-preferred Drugs	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
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	Ultimate (\$0 Plan)		Classic (\$45 Plan)		Plus (\$99 Plan)	
	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	\$12 copay	\$30 copay	\$8 copay	\$20 copay	\$8 copay	\$20 copay
3 - Preferred Brand Drugs	Greater of 20% or \$47	Greater of 20% or \$141	Greater of 20% or \$47	Greater of 20% or \$141	Greater of 20% or \$47	Greater of 20% or \$141
Covered Insulin	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$35 copay	\$105 copay
4 - Non-preferred Drugs	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
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 • 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