

2026 PRESCRIPTION DRUG COMPARISON

Annual Deductible*	Aultimate	Classic	Plus
	\$270 for tiers 3,4,5	\$200 for tiers 3,4,5	\$0

Preferred Pharmacy - Retail (up to a 90-day supply)

TIER	Aultimate (\$0 Plan)		Classic (\$60 Plan)		Plus (\$115 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	\$8 copay	\$24 copay	\$6 copay	\$18 copay	\$0 copay	\$0 copay
3 - Preferred Brand Drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$47 copay or 20% whichever is greater	\$141 copay or 20% whichever is greater
Covered Insulin*	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less
4 - Non-preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance
5 - Specialty Drugs	30% of the cost	Not available	30% of the cost	Not available	33% of the cost	Not available

Standard Pharmacy - Retail (up to a 90-day supply)

TIER	Aultimate (\$0 Plan)		Classic (\$60 Plan)		Plus (\$115 Plan)	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
1 - Preferred Generic Drugs	\$7 copay	\$21 copay	\$10 copay	\$30 copay	\$8 copay	\$24 copay
2 - Generic Drugs	\$15 copay	\$45 copay	\$16 copay	\$48 copay	\$10 copay	\$30 copay
3 - Preferred Brand Drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$47 copay or 20% whichever is greater	\$141 copay or 20% whichever is greater
Covered Insulin*	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less
4 - Non-preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance
5 - Specialty Drugs	30% of the cost	Not available	30% of the cost	Not available	33% of the cost	Not available

Mail Order Pharmacy (up to a 90-day supply)

TIER	Aultimate (\$0 Plan)		Classic (\$60 Plan)		Plus (\$115 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	\$8 copay	\$20 copay	\$6 copay	\$16 copay	\$0 copay	\$0 copay
3 - Preferred Brand Drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$47 copay or 20% whichever is greater	\$141 copay or 20% whichever is greater
Covered Insulin*	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less	\$35 copay or 20% whichever is less	\$105 copay or 20% whichever is less
4 - Non-preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance
5 - Specialty Drugs	30% of the cost	Not available	30% 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 pthp.com for a complete list of preferred and standard pharmacies.

*Insulin tier exceptions will be tier 4 and the copay will be the appropriate day supply copay or 25%, whichever is less.