

# Michigan Public School Employee’s Retirement System Medicare members cost-sharing for the prescription drug plan

The prescription drug plan includes the following cost-sharing features.

## Coinsurance

A coinsurance requires you to pay a percentage of the cost of certain prescription drugs. The amount of your coinsurance is based on the approved amount for covered services. For most preferred prescription drugs, the plan pays 80% of the approved amount, and your coinsurance is 20%. Your coinsurance is 40% when you fill prescriptions for non-preferred brand-name drugs. If the drug price is less than the minimum you pay the drug price.

## 2025/2026

Covered prescription drugs	Retail network pharmacy	Retail network & home delivery pharmacy	Preferred specialty pharmacy	Non-preferred specialty pharmacy
	30-day supply	90-day supply	30-day supply	30-day supply
<b>Tier 1: Generic traditional drugs</b>	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	Not applicable	Not applicable
<b>Tier 2: Preferred brand drugs</b>	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	Not applicable	Not applicable
<b>Tier 3: Non-preferred brand drugs</b>	40% coinsurance \$15 minimum / no maximum*	40% coinsurance \$37.50 minimum / no maximum*	Not applicable	Not applicable
<b>Tier 4: Preferred specialty drugs</b>	20% coinsurance \$50 minimum / \$100 maximum	Not applicable	20% coinsurance \$50 minimum / \$100 maximum*	40% coinsurance \$50 minimum / no maximum*
<b>Tier 5: Non-preferred specialty drugs</b>	40% coinsurance \$50 minimum / no maximum	Not applicable	40% coinsurance \$50 minimum / no maximum	40% coinsurance \$50 minimum / no maximum*

Specialty drugs are those drugs that cost \$950 or more for up to a 30-day maximum supply.

\* Consult the Medicare Summary of Benefits for a complete review.

**Plan-Specific Out-of-Pocket Maximum:** Once your out-of-pocket costs have reached the calendar year maximum of \$1,750, the plan will pay all of the cost of your drugs until the end of the calendar year. All of the expenses that count toward the out-of-pocket maximum will automatically be calculated. If you reach this stage, you pay nothing for covered Part D drugs and excluded drugs that are covered under our enhanced benefit.

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