

Prescription Drug Plans and Cost Schedules

Calendar Year 2020

The following charts are based on a one-month supply* of a retail prescription, and outlines the retiree's and/or participant's responsibility.

Each of the University-sponsored retiree medical plans includes prescription drug coverage. The group medical plans with prescription drug coverage sponsored by the University for active faculty and staff, pre-65 retirees, and post-65 retirees, meet the standards for creditable coverage required by federal regulations and guidelines. Therefore, a retiree should not separately purchase prescription drug coverage.

Standard Network

Plan	Tier 1: Preferred Generic	Tier 2: Generic	Tier 3: Preferred Brand	Tier 4: Non-Preferred Brand	Tier 5: Specialty	90-Day Supply (Tier 1)
UPMC <i>for Life</i> HMO	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
UPMC <i>for Life</i> PPO - Standard	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
UPMC <i>for Life</i> PPO - Basic	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
UPMC Health Plan National Complementary Plan	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
Highmark Freedom Blue PPO - Standard	\$15.00	\$15.00	\$35.00	\$70.00	\$70.00	\$20.00 Mail Order Only
Highmark Freedom Blue PPO - Basic	\$15.00	\$15.00	\$35.00	\$70.00	33% Coinsurance	\$20.00 Mail Order Only
Highmark Signature 65	\$15.00	\$15.00	\$35.00	\$70.00	\$70.00	\$20.00 Mail Order Only

* The prescription, if purchased from a retail pharmacy, is generally filled for a one-month supply, however, the exact number of days varies according to each plan's filing with the applicable state regulatory department.

Standard and Preferred Networks

All available medical plans include both a Preferred Network (associated with a lower copay) and a Standard Network (provides a broader retail network with higher copays).

For more information about prescription benefits, please visit www.hr.pitt.edu/retirees.

Preferred Network

Plan	Tier 1: Preferred Generic	Tier 2: Generic	Tier 3: Preferred Brand	Tier 4: Non-Preferred Brand	Tier 5: Specialty	90-Day Supply (Tier 1)
UPMC <i>for Life</i> HMO	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
UPMC <i>for Life</i> PPO - Standard	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
UPMC <i>for Life</i> PPO - Basic	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
UPMC Health Plan National Complementary Plan	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
Highmark Freedom Blue PPO - Standard	\$10.00	\$10.00	\$30.00	\$65.00	\$70.00	\$20.00 Mail Order Only
Highmark Freedom Blue PPO - Basic	\$10.00	\$10.00	\$30.00	\$65.00	33% Coinsurance	\$20.00 Mail Order Only
Highmark Signature 65	\$10.00	\$10.00	\$30.00	\$65.00	\$70.00	\$20.00 Mail Order Only

