

# Your 2026 Prescription Drug Benefits Chart

## Formulary E4, 5/12/12/12 (with Senior Rx Plus)

### Coast Community College District

*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>               | E4                    |
| <b>Deductible</b>              | \$0 per calendar year |
| <b>Covered Services</b>        | <b>What you pay</b>   |
| <b>Part D Initial Coverage</b> |                       |

Below is your payment responsibility for covered prescriptions until you reach the **CMS defined drug out-of-pocket limit** of \$2,100.

| Pharmacy                                    | Standard Network Pharmacy |                   | Mail-Order Pharmacy |
|---------------------------------------------|---------------------------|-------------------|---------------------|
|                                             | per 30-day supply         | per 90-day supply | per 90-day supply   |
| Tier 1: Select Generics                     | \$0                       | \$0               | \$0                 |
| Tier 1: Generics                            | \$5                       | \$15              | \$3                 |
| Tier 2: Preferred Drugs                     | \$12                      | \$36              | \$6                 |
| Tier 3: Non-Preferred Drugs                 | \$12                      | \$36              | \$6                 |
| Tier 4: Specialty Drugs (Generic and Brand) | \$12                      | \$36              | \$6                 |

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 will pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will pay two 30-day copays.

#### Part D Catastrophic Coverage

Your payment responsibility changes after the amount you have paid for covered drugs reaches your **CMS defined drug out-of-pocket limit** of \$2,100.

|                                         |                              |
|-----------------------------------------|------------------------------|
| <b>Retail and Mail-Order Pharmacies</b> | <b>Up to a 90-day supply</b> |
| All Part D Covered Prescription Drugs   | \$0                          |

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.
- **Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.
- **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 Part B medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare Part D drug coverage. Hepatitis B is covered under Medicare Part D drug coverage unless you fall into a high risk category, then it is covered under Medicare Part B medical coverage. Other common vaccines are also covered under Medicare Part D 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. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

## Your 2026 Extra Covered Drugs Benefits Chart

| Covered Services                                                                                                                                                                                                                                                                                               | What you pay                                                                    |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|
| Extra Covered Drugs                                                                                                                                                                                                                                                                                            |                                                                                 |                            |
| These prescription drugs are not covered under Part D, but they are provided under your Senior Rx Plus benefits. There may be instances where state regulations require these drugs to be included in your plan. These drugs do not count towards your <b>CMS defined drug out-of-pocket limit</b> of \$2,100. |                                                                                 |                            |
| Pharmacy                                                                                                                                                                                                                                                                                                       | Retail Pharmacy                                                                 | Mail-Order Pharmacy        |
|                                                                                                                                                                                                                                                                                                                | per 30-day supply                                                               | per 90-day supply          |
| Cough and Cold<br>DESI<br>Vitamins and Minerals                                                                                                                                                                                                                                                                | See Drug List for complete list of drugs covered                                |                            |
| Tier 1: Generics                                                                                                                                                                                                                                                                                               | \$5                                                                             | \$3                        |
| Tier 2: Preferred Drugs                                                                                                                                                                                                                                                                                        | \$12                                                                            | \$6                        |
| Tier 3: Non-Preferred Drugs                                                                                                                                                                                                                                                                                    | \$12                                                                            | \$6                        |
| Erectile Dysfunction (ED)                                                                                                                                                                                                                                                                                      | Immediate dose ED drugs<br>Immediate dose formats are limited to 6 per 30 days. |                            |
| Tier 1: Generics                                                                                                                                                                                                                                                                                               | \$5                                                                             | \$6                        |
| Tier 2: Preferred Drugs                                                                                                                                                                                                                                                                                        | \$12                                                                            | \$6                        |
| Tier 3: Non-Preferred Drugs                                                                                                                                                                                                                                                                                    | \$12                                                                            | \$6                        |
| Other Non-Part D Coverage                                                                                                                                                                                                                                                                                      | Copay or coinsurance                                                            |                            |
| Contraceptive Devices                                                                                                                                                                                                                                                                                          | \$12<br>per Covered Device                                                      | \$12<br>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.