



**Retired Indiana Public Employees Insurance Trust**  
**MEDICARE ADVANTAGE PLAN**  
**Drug Formulary Copays for 2025**

DRUG PLAN SUPPLY OPTIONS	10P	10PE	15P	20P
<b><u>Retail Pharmacy 30 Day Supply</u></b>				
- Rx Deductible	None	None	None	\$150
- Select Generics	\$0	\$0	\$0	\$0
- Preferred Generics	\$4	----	\$4	\$5
- Generics	\$12	\$15	\$12	\$10
- Preferred Brands	\$42	\$40	\$42	\$45
- Non-Pref Brands	\$95	\$75	\$95	40% to \$250
- Specialty Drugs	\$250	25%	\$250	\$250
<b><u>Retail Pharmacy 90 Day Supply</u></b>				
- Select Generics	\$0	\$0	\$0	\$0
- Preferred Generics	\$12	----	\$12	\$15
- Generics	\$36	\$45	\$36	\$30
- Preferred Brands	\$126	\$120	\$126	\$135
- Non-Pref Brands	\$285	\$225	\$285	40% to \$750
- Specialty Drugs	----	----	\$250	\$250
<b><u>Mail-Order Pharmacy 90 Day Supply</u></b>				
- Select Generics	\$0	\$0	\$0	\$0
- Preferred Generics	\$0	----	\$0	\$5
- Generics	\$24	\$30	\$24	\$10
- Preferred Brands	\$84	\$80	\$84	\$90
- Non-Pref Brands	\$190	\$150	\$190	40% to \$500
- Specialty Drugs	\$250	25%	\$250	\$250

**CATASTROPHIC COVERAGE:** Your responsibility for payment of covered drugs changes once you reach your drug plan maximum annual out of pocket of \$2,000.