RIPEA
RETIRED INDIANA PUBLIC EMPLOYEES ASSOCIATION

Retired Indiana Public Employees Insurance Trust

MEDICARE ADVANTAGE PLAN

Drug Formulary Copays for 2026

DRUG PLAN SUPPLY OPTIONS	10P	10PE	15P	20P
Retail Pharmacy 30 Day Supply				
- 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
Retail Pharmacy 90 Day Supply				
- 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
Mail-Order Pharmacy 90 Day Supply				
- 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.