



## Generic Tier 1 Rx List Updated

### Applies to Platinum and Gold Copay Plans Only

Our **Platinum and Gold copayment**-style plans have a four-tier prescription drug coverage design. Generics are split into two categories.

Generics on Tier 1 are subject to a \$4 copayment. All other generics (considered Tier 2) are a \$10 copayment. (Both copayments cover up to a 30 day supply of medication.)

Our partners at Blue Cross and Blue Shield of Vermont and their Pharmacy Benefit Manager, Express-Scripts, Inc., have updated the generic drug list for 2019. Click here to view the **2019 VEHI Tier 1 Drug List**. All generics **NOT** on the Tier 1 list are Tier 2 (\$10 copayments) drugs. These lists are effective January 1, 2019 through December 31, 2019.

As employees consider which health plan to enroll in for 2019, this list may be helpful in their evaluation.

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Keep in mind - anyone on a **Gold or Silver CDHP**-style plan are required to meet their deductible before their prescriptions are covered - there are no copayments, therefore the Tier 1 list does not apply. Those enrolled in the Gold or Silver CDHP do have **preventive/wellness medications** in certain categories covered at 100% by VEHI with no out-of-pocket cost. Click here to see the **Wellness Drug List** for the CDHPs.

Please take a moment to review the documents and, as always, if you have any questions or concerns, please reach out to Bobby-Jo Salls at [bobbyjo@vsbit.org](mailto:bobbyjo@vsbit.org) or 802-223-5040 x233.

This notification has been sent to School Business Officials, Human Resources and Health Members.

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