



# **PRESCRIPTION PLAN**

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## **There are four tiers of drug classifications**

### **Tier One**

- Generic and Selected over-the-counter drugs
- Co-Pay \$5.00

### **Tier Two**

- Preferred brand name drugs
- Co-Pay \$20.00

### **Tier Three**

- All other covered prescription drugs
- Co-Pay \$35.00

### **Tier Four**

- Limited Value Drugs
- Co-Pay \$85.00

**Maximum annual out-of-pocket cost for prescription drugs shall be \$1,000 per covered member and \$2,000 per covered family unit.**



**CITY OF**  
**Ames**<sup>™</sup>  
**FIRE DEPARTMENT**