

Prescriptions

All of the City of Houston's Medicare Advantage Plans include Part D, and offer comparable or better pharmacy benefits. The drug formularies established by Medicare for 2022 serves as the model for Medicare plan formularies. If requested from your chosen provider*, you will receive a formulary list when you enroll in a plan. You can also find out how much your prescriptions will cost by calling the plan, visiting the plan's website or viewing the chart below.

* Note: Reference the back page for provider contact information.

Benefit	Aetna Basic PPO		Aetna Premier ESA PPO	KelseyCare Advantage HMO
	In Network	Out-of-network		
Deductible	\$0 Deductible		\$0 Deductible	\$0 Deductible
Preferred Generic	\$10 preferred pharmacy \$15 standard pharmacy		\$2 preferred pharmacy \$5 standard pharmacy	\$10 preferred pharmacy \$15 standard pharmacy
Non-preferred Generic	\$15 preferred pharmacy \$20 standard pharmacy		\$10 preferred pharmacy \$20 standard pharmacy	\$15 preferred pharmacy \$20 standard pharmacy
Preferred Brand	\$30 preferred pharmacy \$35 standard pharmacy		\$40 copay	\$30 preferred pharmacy \$35 standard pharmacy
Non-Preferred Brand	\$45 preferred pharmacy \$50 standard pharmacy		\$75 copay	\$45 preferred pharmacy \$50 standard pharmacy
Specialty Drugs	\$75 preferred pharmacy \$80 standard pharmacy		\$75 copay	\$75 preferred pharmacy \$80 standard pharmacy
Mail Order 90-day Supply				
Preferred Generic	\$30 preferred pharmacy \$45 standard pharmacy		\$4 preferred pharmacy \$10 standard pharmacy	\$30 preferred pharmacy \$45 standard pharmacy
Non-preferred Generic	\$45 preferred pharmacy \$60 standard pharmacy		\$20 preferred pharmacy \$40 standard pharmacy	\$45 preferred pharmacy \$60 standard pharmacy
Preferred Brand	\$90 preferred pharmacy \$105 standard pharmacy		\$80 copay	\$90 preferred pharmacy \$105 standard pharmacy
Non-Preferred Brand	\$135 preferred pharmacy \$150 standard pharmacy		\$150 copay	\$135 preferred pharmacy \$150 standard pharmacy
Specialty Drugs	Limited to one-month supply		Limited to one-month supply	A long-term supply is not available
Medicare Part B drugs	15% coinsurance		\$0 copay	15% coinsurance