



CITY OF MESA PRESCRIPTION BENEFIT PLAN HIGHLIGHTS

2026 ONE PLAN FOR ALL

BASIC, CHOICE and COPAY Medical Plans In-Network Pharmacy	
Annual Deductible	No deductible
Maximum Out Of Pocket (MOOP)	\$4,000 Per Person \$8,000 Per Family
NETWORK RETAIL PHARMACY	Up to a 30-day supply
Tier 1 (Generic)	Greater of \$10 copay or 20% (max. \$60); Insulin: Max is \$35
Tier 2 (Preferred Brand)	Greater of \$35 copay or 30% (max. \$110); Insulin: Same as Tier 1
Tier 3 (Non-Preferred Brand)	Greater of \$60 copay or 50% (max. \$170); Insulin: Max is \$35
NETWORK PHARMACY RETAIL & MAIL-ORDER PHARMACY	Up to a 90-day supply
Tier 1 (Generic)	Greater of \$20 copay or 20% (max. \$120); Insulin: Max is \$105
Tier 2 (Preferred Brand)	Greater of \$70 copay or 30% (max. \$220); Insulin: Same as Tier 1
Tier 3 (Non-Preferred Brand)	Greater of \$120 copay or 50% (max. \$340); Insulin: Max is \$105
SPECIALTY PHARMACY	Up to a 30-day supply
Tier 4 Specialty Generic	Greater of \$15 copay or 20% (max. \$90)
Tier 5 Specialty Preferred Brand	Greater of \$55 copay or 30% (max. \$165)