Teachers HEALTH TRUST

Lucy Rx

Your Copays for 2026

Copays are based on your plan, the type of drug (tier) and the pharmacies you use. Save the most by filling generic prescriptions at a Premier network pharmacy or through mail order.

- **Preferred & mail-order pharmacies:** These pharmacies offer the lowest copays. Use them whenever possible to reduce your out-of-pocket costs: **Albertsons, Alto, Amazon, Costco, Kroger, Lin's, Sam's Club, Smith's, Vons, Walmart**
- **Tier 1 generic drug costs:** You pay the lower of the listed copay or the actual cost of the drug—so you never overpay for an inexpensive medication.
- **Choice fees:** If you fill a prescription at **CVS, Walgreens**, or another **non-preferred** pharmacy, an additional fee is added to your standard copay.
- **Specialty medications:** Specialty medications must be dispensed through a designated specialty pharmacy **(Welldyne)** and cannot be filled at a retail location.

Signature Plan

Copays apply immediately—no deductible required.

Non-Specialty Medications

	Preferred Pharmacies & Mail Order	CVS / Walgreens	All Other Pharmacies
Tier 1 – Generic			
1–34 Days	$15	$15 + $25 fee	$15 + $10 fee
35–90 Days	$40	$40 + $25 fee	$40 + $10 fee
Tier 2 – Preferred Brand			
1–34 Days	25% (max $100)	25% (max $100) + $32 fee	25% (max $100) + $10 fee
35–90 Days	25% (max $300)	25% (max $300) + $32 fee	25% (max $300) + $10 fee
Tier 3 – Non-Preferred Brand			
1-90 Days	40% coinsurance	40% + $36 fee	40% + $10 fee

Specialty Medications (30-day fills only)

Specialty drugs must be filled through a designated specialty pharmacy. Cost-sharing is based on tier.

Tier	Your Cost
Tier 1 – Generic	25% (max $500)
Tier 2 – Preferred Brand	25% (max $500)
Tier 3 – Non-Preferred Brand	40% coinsurance

This document is a summary and all costs are estimated. Please refer to your Evidence of Coverage or contact THT Member Services for complete details.

Teachers HEALTH TRUST

Lucy Rx

Advantage Plan

Copays apply immediately. Effective January 1, 2026, no pharmacy deductible is required.

Non-Specialty Medications

	Preferred Pharmacies & Mail Order	CVS / Walgreens	All Other Pharmacies
Tier 1 – Generic			
1–34 Days	$15	$15 + $25 fee	$15 + $10 fee
35–90 Days	$40	$40 + $25 fee	$40 + $10 fee
Tier 2 – Preferred Brand			
1–34 Days	25% (max $100)	25% (max $100) + $32 fee	25% (max $100) + $10 fee
35–90 Days	25% (max $300)	25% (max $300) + $32 fee	25% (max $300) + $10 fee
Tier 3 – Non-Preferred Brand			
1-90 Days	40% coinsurance	40% + $36 fee	40% + $10 fee

Specialty Medications (30-day fills only)

Specialty drugs must be filled through a designated specialty pharmacy. Cost-sharing is based on tier.

Tier	Your Cost
Tier 1 – Generic	25% (max $500)
Tier 2 – Preferred Brand	25% (max $500)
Tier 3 – Non-Preferred Brand	40% coinsurance

This document is a summary and all costs are estimated. Please refer to your Evidence of Coverage or contact THT Member Services for complete details.