GHC-SCW Marketplace Formulary Key

Use the table below as a guide to determine what you will pay based on the Marketplace Tier compared to the cost sharing Tier listed on your Benefit Summary or SBC

Formulary Document Tier	Drug Classification	What You Will Pay
1	• Zero Cost Share Preventative Drugs	$0
2	• Preferred Generics	Tier 1 cost sharing
3	• Preferred Brands • Non-Preferred Generic	Tier 2 cost sharing
4	• Non-Preferred Brand • Non-Preferred Generic	Tier 3 cost sharing
5	• Specialty Drug	Tier 4 (Specialty) cost sharing
6	• Clinic Administered Drug (Medical Benefit)	Contact Member Services **Note: These medications are not covered at a pharmacy for self-administration*
DME	• Durable medical equipment (ex. inhaler spacers, disposable diabetes supplies)	Refer to your Benefit Summary and SBC, or contact Member Services
NC	• Not covered	You will pay full cost - not covered by your plan
EXC	• Plan exclusion	You will pay full cost – excluded by your plan