



# City of Fall River



Prescription Coverage	30 Day Retail Member Pay up to	90 Day Retail Member Pay up to	90 Day Mail Order Member Pay up to
Annual Deductible	\$0		
Tier 1 Generic	\$10	\$30	\$20
Tier 2 Preferred Brand	\$20	\$60	\$40
Tier 3 Non-Preferred Brand	\$35	\$105	\$70
Tier 4 Specialty	\$35	N/A	N/A

All member service is handled by Retiree First. City of Fall River Member Advocate can be reached at **1.508.300.9697 (TTY 711) or 1.855.835.5847 (TTY 711)**