



2010 Medco Pharmacy Percentage Co-Payment Plan 2 – P 2

Administered by Medco: 1-800-841-2806

www.gbophb.org

Plan Feature	Retail Pharmacy Benefit	Medco by Mail (Mail-Order) Benefit
Annual Deductible	<ul style="list-style-type: none"> Does not apply 	<ul style="list-style-type: none"> Does not apply
Annual Out-of-Pocket (OOP) Maximum¹	<ul style="list-style-type: none"> \$2,000 per participant \$4,000 per family 	
Generic Drugs (Tier 1)	<ul style="list-style-type: none"> \$12.00 co-payment 	<ul style="list-style-type: none"> \$20.00 co-payment
Preferred Brand-Name Drugs (Tier 2)	<ul style="list-style-type: none"> 25% co-payment Minimum: \$15.00; Maximum: \$45.00 	<ul style="list-style-type: none"> 25% co-payment Minimum: \$40.00; Maximum: \$120.00
Non-Preferred Brand-Name Drugs (Tier 3)	<ul style="list-style-type: none"> 30% co-payment Minimum: \$30.00; Maximum: \$90.00 	<ul style="list-style-type: none"> 30% co-payment Minimum: \$75.00; Maximum: \$225.00
Prescription Non-Sedating Antihistamine Drugs	<ul style="list-style-type: none"> 30% co-payment Minimum: \$30.00; Maximum: \$90.00 	<ul style="list-style-type: none"> 30% co-payment Minimum: \$75.00; Maximum: \$225.00
Retail Refill Allowance (RRA)	Members will be allowed to obtain three fills of maintenance medication at the retail pharmacy. For all subsequent fills at the retail pharmacy, participants will be responsible for paying 100% of the discounted cost. To maximize Plan benefits, refills for most maintenance medications will require fulfillment through the Medco by Mail Pharmacy Program.	

To help you better understand how this percentage co-payment plan works, the following example illustrates how this percentage co-payment works:

Example:

Suppose a Preferred Brand-Name Drug costs \$160 for a 90-day supply by mail order, and costs \$48 for a 30-day supply at a retail pharmacy. For one fill at the local pharmacy, you will pay \$15. (Please note: 25% of \$48 is \$12; however, the minimum payment for this category drug is \$15.) For a 90-day supply through Medco by Mail, you will pay \$40 (25% of \$160).

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¹ Excludes charges applied toward the retail pharmacy deductible, co-payments for non-preferred brand-name medications and additional costs incurred when a brand name is chosen but a generic is available.

Additional Information

- Patient is required to pay the generic co-payment plus the difference in cost between the generic and brand-name drug when the brand-name is chosen and a generic is available. The additional cost does not apply to the annual out-of-pocket maximum.
- Some medications may be covered by your benefit plan only for certain uses or in certain quantities. For example, a medication may not be covered when it is used for cosmetic purposes, or a quantity may be limited to certain amounts over certain time periods. You may contact Medco at **1-800-841-2806** if you have any questions.
- If you purchase a prescription without using your card, you will need to complete a Prescription Drug Reimbursement Claim Form. You can obtain the form by visiting **www.medco.com** or by dialing **1-800-841-2806** to speak to a customer service representative. Prescriptions purchased at a non-participating pharmacy are processed as out-of-network and may be subject to a higher co-payment reimbursement rate. Any difference between the amount submitted (retail cost) and the amount approved is **not** reimbursable. The reimbursement rate is also determined after the deductible and co-payments are subtracted.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the Plan Document, the Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by the General Board of Pension and Health Benefits. If there are any conflicts between this summary and the terms of the Documents, the terms of the Documents shall control.