

HOW WILL THE MANDATORY GENERIC RX PROGRAM IMPACT ME?

Prescription Copays Are As Follows:

<u>Copay (Pharmacy)</u> <u>30-day supply</u>		<u>Copay Mail Order or Retail Pharmacy (Maintenance Choice)</u> <u>90-day supply</u>	
\$ 4.00	Generic *	\$ 8.00	Generic **
\$35.00	Brand Preferred	\$ 70.00	Brand Preferred
\$50.00	Brand Non-Preferred ***	\$ 100.00	Brand Non-Preferred ****

Prescriptions prescribed to you by your doctor for colds, etc. can still be purchased at most major retail pharmacies with a 2-fill limitation - one original prescription (30 days) and 1 refill (30 days).

MAINTENANCE MEDICATIONS (Maintenance Choice):

- Maintenance Medications are those taken on a daily basis, such as heart and blood pressure medications.
- When a prescription goes over the 2-fill limit, it is then considered to be a Maintenance Medication. Members will have the option of receiving their 90-day supply of maintenance medications through the following methods:
 - ✓ Mail-order process which is available only through Medco. Mail order forms can be obtained in your Human Resources office or on the Intranet.
 - ✓ Most major retail pharmacies – you may present your 90-day prescriptions for fill/refill at most major retail pharmacies.

If you choose Maintenance Choice to receive a 90-day supply of your maintenance medications at retail, you will need a prescription stating a 90-day supply to submit for mail order or to take to most major retail pharmacies.

EFFECTIVE JANUARY 1, 2009: Non-Union, AFSCME (Courts) & PSSU (Meet & Discuss)
EFFECTIVE JANUARY 1, 2012: AFSCME (Corrections) & PSSU

- For Generic prescriptions - you will pay only the Generic Copay at the Pharmacy or through Mail Order.
- For prescriptions where a Generic equivalent **is available** and you choose to purchase the Brand Preferred or Brand Non-Preferred medication, you will pay the *Brand Preferred* or *Brand Non-Preferred Cost* and an *Ancillary Fee* (which is the difference between the cost of the Brand Preferred or Brand Non-Preferred minus the cost of the Generic medication) plus the *Copay* to equal the **TOTAL MEMBER COST** of the medication.
- For prescriptions where a generic equivalent is **not** available, you will pay the Brand Preferred or Brand Non-Preferred Copay only.

COMPARISON EXAMPLE BETWEEN BRAND NON-PREFERRED AND GENERIC:

Brand Non-Preferred Drug Name: Zocor (40mg) \$138.11 Brand Non-Preferred Cost (Retail)				Generic Drug Name for Zocor: Simvastatin (40 mg) \$28.20 Generic Cost (Retail)			
<u>Brand Non-Preferred PHARMACY</u> <u>30-day supply</u>		<u>Brand Non-Preferred MAIL ORDER</u> <u>90-day supply</u>		<u>Generic PHARMACY</u> <u>30-day supply</u>		<u>Generic MAIL ORDER</u> <u>90-day supply</u>	
\$ 138.11	Actual Cost Brand Non-Preferred	\$ 414.33	Actual Cost Brand Non-Preferred				
- 28.20	Generic Cost	- 84.60	Generic Cost				
\$ 109.91	Ancillary Fee	\$ 329.73	Ancillary Fee	No Ancillary Fee		No Ancillary Fee	
\$ 109.91	Ancillary Fee	\$ 329.73	Ancillary Fee	\$ 0.00	No Ancillary Fee	\$ 0.00	No Ancillary Fee
+ 50.00	Copay ***	+ 100.00	Copay ****	+ 4.00	Copay *	+ 8.00	Copay **
\$ 159.91	Total Member Cost	\$ 429.73	Total Member Cost	\$ 4.00	Total Member Cost	\$ 8.00	Total Member Cost
\$ 138.11	Actual Cost	\$ 414.33	Actual Cost (See explanation below for the Actual Cost amounts).				

If the **TOTAL MEMBER COST** adds up to more than the **ACTUAL COST** of the medication, you will pay only the **ACTUAL COST** of the medication.

***** **IMPORTANT NOTE** *****

If you currently have prescriptions on file that are Brand Preferred and / or Brand Non-Preferred and you choose to change to Generic, it is your responsibility to contact your physician to obtain new prescriptions. If you do not change to Generic, you will be charged at the Brand Preferred or Brand Non-Preferred Total Member Cost.