

# Your Prescription Drug Benefits.....

## ...Provide Comprehensive Drug Coverage and Do Not Coordinate with Medicare Part D Prescription Drug Benefits

If you have coverage under Medicare Part D, you cannot be covered under the Medco Prescription Plan.

## ...Allow You the Flexibility to Use a Network Pharmacy or any Pharmacy You Choose

While benefits are higher when you use a network pharmacy, you can go to any pharmacy you choose and still receive prescription benefits.

- Call Medco at 1-866-749-0097 for assistance with locating a network pharmacy. This number is listed on your Medco ID card.
- No claim form is required when you use a network pharmacy. When you fill a prescription at a non-network pharmacy or file a direct claim, you pay the deductible, and then you pay 50% of the eligible cost for up to a 30-day supply of most prescription drugs.

## ...Offer a Convenient Home Delivery Option

The home delivery option, designed for maintenance drugs, provides up to a 90-day supply of a drug. You will pay the required copayment. New prescriptions can be ordered by mail. Complete an order form and mail it with your prescription.

- *Mail to:* Medco  
PO Box 650322  
Dallas, TX 75265-0322
- *Fax:* Have your doctor call 1-888-327-9791 for information on how to fax to Medco.
- *Internet Refills:* [www.medco.com](http://www.medco.com)
- *Telephone Refills:* 1-800-473-3455  
Have your ID card and refill bottle with the prescription information ready.

<b>Prescription Drugs, Administered by Medco</b>	
<b>Premiums: Shared Cost: \$100/month per person      Full Cost: \$200/month per person</b>	
	<b>You Pay</b>
<b>Retail Pharmacy (Up to 30-day supply)</b>	<p>\$150 deductible per calendar year</p> <p>Generic: 20% (minimum \$10 copayment) after deductible</p> <p>Brand: 30% (minimum \$10 copayment) after deductible</p> <p><i>If actual cost is under \$10, then you pay actual cost</i></p> <hr/> <p>You Pay 50% of cost after the \$150 calendar year deductible for out-of-network claims</p>
<b>Mail Order – Home Delivery (Up to 90-day supply)</b>	<p>Generic: \$15 copayment</p> <p>Brand: \$35 copayment</p> <hr/> <p>Out-of-Network claims are not covered</p>