

Prescription Drug Benefit

Plan participants enrolled in any LGHP health plan have prescription drug benefits included in the coverage. All prescription medications are compiled on a preferred drug list (“formulary list”) maintained by each health plan’s Prescription Benefit Manager (PBM). Formulary lists categorize drugs in three levels: generic, preferred brand and non-preferred brand. Each level has a different co-payment amount. Please note that when a pharmacy dispenses a brand drug for any reason and a generic is available, the plan participant must pay the cost difference between the brand product and the generic product, plus the generic co-payment. Plan participants who have additional prescription drug coverage, including Medicare, should contact their plan’s PBM for Coordination of Benefits (COB) information. LCHP plan participants can receive a 90-day supply of maintenance medication through the Mail Order Program for two co-payments.

PRESCRIPTION DRUG CO-PAYS FOR A 30-DAY SUPPLY

	PRESCRIPTION PLAN	
	LCHP	All Other Plans
Generic	\$12	\$10
Preferred (Formulary) Brand	\$24	\$24
Non-Preferred Brand	\$48	\$48

Coverage for specific prescription drugs may vary depending upon the health plan. It is important to note that formulary lists are subject to change any time during the plan year. To compare formulary lists, cost-savings programs and to obtain a list of pharmacies that participate in the various health plan networks, plan participants should visit the website of each health plan they are considering. Certain health plans notify plan participants by mail when a prescribed medication they are currently taking is reclassified into a different formulary list category. If a formulary change occurs, plan participants should consult with their physician to determine if a change in prescription is appropriate.