

Prescription Drug Plan for Local Care Health Plan (LCHP), Health Alliance Illinois and HealthLink OAP Managed Care Health Plans

Medco Health Solutions is the new Prescription Benefit Manager (PBM) for participants enrolled in the above-named plans. If you are not enrolled in one of the above mentioned health plans, contact your Managed Care Plan for prescription information. The coverage provides both in-network and out-of-network benefits. Most drugs purchased with a prescription from a physician or a dentist are covered. No over-the-counter drugs will be covered, even if purchased with a prescription. When a brand drug is dispensed 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 copayment.

The prescription benefit includes a Preferred Drug List. This list is available by calling Medco at (800) 899-2587, or at www.benefitschoice.il.gov. The Preferred Drug List is subject to change at any time during the plan year. If you are currently taking a medication that is not on Medco's Preferred Drug List, you will receive a letter informing you of the Medco preferred alternative drug. Please review this letter with your physician to determine if a change in your prescription is appropriate.

Medco is working with Caremark to transfer open mail order prescriptions. Certain prescriptions can not be transferred. Therefore, you may need to obtain a new prescription. If so, you will be notified. The prescription plan offers several options:

Benefit Type Available	Dispensing Facility	Type and Supplies
Retail Pharmacy Network	Retail Pharmacy*	1 to 30-day fill of medication for one copay. 31 to 60-day fill for two (2) copays.
Mail Order Pharmacy	Mail Order Pharmacy	61 to 90-day supply of medication.
Out-of-Network Benefit	All Pharmacies	In most cases, the cost of the prescription drugs will be higher when not using an in-network pharmacy or the mail order pharmacy. Prescriptions filled by an out-of-network pharmacy will require the completion of a claim form (available from Medco) and your original prescription receipt. However, reimbursement will be at the applicable brand or generic in-network copayment.

***Contact your retail pharmacy to see if it is participating in the Retail Pharmacy Network.**

Retail Pharmacy Network

This network of retail pharmacies contracts with Medco to accept certain copayment amounts. There are no plan year deductibles and no claim forms to file.

Medication (1-30 day supply):

Generic	\$ 9.00
Preferred Brand	\$18.00
Non-preferred Brand	\$36.00

Medication (31-60 day supply):

Generic	\$18.00
Preferred Brand	\$36.00
Non-preferred Brand	\$72.00

Maximum days supply at one fill is 60 days.

Medco Mail Order Pharmacy

The mail service program provides up to a 90 day supply of medication for the cost of a 31-60 day supply. There are no plan year deductibles.

61 to 90-day supply:

Generic	\$18.00
Preferred Brand	\$36.00
Non-Preferred Brand	\$72.00

To receive a discounted 61 to 90-day supply of medication, obtain an original prescription from the attending physician written for a 61 to 90-day supply plus up to three (3) 90-day refills, totaling one year of medication. If ordering through Medco's mail order pharmacy, complete the mail order form. The original prescription must be attached to the order form and mailed to the mail order pharmacy. Medication should be delivered within 11 days from the time mail order pharmacy receives the order.

Out-of-Network Benefit

Prescription drugs may be purchased at out-of-network pharmacies. Reimbursement will be at the applicable brand or generic in-network price minus the appropriate in-network copayment. In most cases, the cost of the prescription drugs will be higher when not using in-network pharmacies. Prescriptions filled by an out-of-network pharmacy will require the completion of a claim form (available from Medco) and the original prescription receipt.

Coordination of Benefits

This Plan coordinates with Medicare and other group plans; the appropriate copayment will be applied for each prescription filled.

Exclusions

The Plan reserves the right to exclude or limit coverage of specific prescription drugs or supplies.

Behavioral Health Services

LCHP

Behavioral health services are for the diagnosis and treatment of mental health and/or substance abuse disorders and are administered through the LCHP Behavioral Health Administrator listed on page 13. Calling the Behavioral Health Administrator begins the authorization process for services with all levels of care to avoid penalties or non-authorization of benefits. All behavioral health services are subject to medical necessity. Eligible charges are for those services deemed medically necessary by the Behavioral Health Administrator. Services determined not medically necessary will not be eligible for coverage. For further information regarding benefit coverage, coordination of benefits and authorization requirements, refer to the Benefits Handbook.

Managed Care Health Plans

Managed care plans determine the maximum number of inpatient days and outpatient visits for mental health and/or substance abuse treatment. Plan benefits may vary, but a minimum of 10 inpatient days and 20 outpatient visits are required. These are in addition to detoxification benefits which include diagnosis and treatment. For further information, contact the respective Managed Care Health Plan Administrator listed on page 13.