

## PRESCRIPTION DRUG BENEFIT

Plan participants enrolled in TRIP have prescription drug coverage available. All prescription medications are compiled on a preferred list (“formulary list”) maintained by each managed care plan or Medco. Formulary lists categorize brand drugs in three levels: generic, preferred brand and non-preferred brand. Each level has a different co-payment amount. TCHP has separate minimum and maximum co-payments/coinsurance amounts that apply.

### PRESCRIPTION DRUG CO-PAYS FOR ALL MANAGED CARE PLANS

Generic	\$7
Preferred Brand (Formulary Brand)	\$14
Non-Preferred Brand	\$28

### PRESCRIPTION DRUG CO-PAYS/COINSURANCE FOR TCHP

	Minimum	Maximum
Generic	\$7	\$50
Preferred Brand (Formulary Brand)	\$14	\$100
Non-Preferred Brand	\$28	\$150

- Annual prescription drug out-of-pocket maximum of \$1250 applies.
- After meeting the \$1250 out-of-pocket maximum, prescriptions are covered at 100%.
- Out-of-network claims do not count toward this annual out-of-pocket maximum.
- 20% coinsurance with minimum and maximum co-payments (1-30 day supply).
- Prescription drug benefits are independent of other medical services and are not subject to the medical plan year deductible or the medical out-of-pocket maximums.
- Prescription plan benefits are included in the lifetime maximum.

It is important to note that formulary lists are subject to change any time during the plan year. Certain health plans notify plan participants by mail when a prescribed medication they are currently taking is reclassified. **Plan participants should consult with their physician to determine if a change in prescription is appropriate.**

Coverage for specific drugs may vary depending upon the health plan. To compare formulary lists (preferred drug 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.

Plan participants who have additional prescription drug coverage, including Medicare, should contact the managed care plan or Medco for Coordination of Benefits (COB) information.

## MANAGED CARE PLAN PRESCRIPTION DRUG BENEFIT

**Health Alliance HMO, HMO Illinois, OSF HealthPlans, PersonalCare and Unicare HMO** all administer prescription drug benefits through the respective health plan. Participants who elect one of these plans must utilize a pharmacy participating in the health plan’s pharmacy network or the full retail cost of the medication will be charged. It should be noted that no over-the-counter drugs are covered, even if purchased with a prescription. **Plan participants should direct prescription benefit questions to the respective health plan administrator.**

# MEDCO-ADMINISTERED PRESCRIPTION DRUG BENEFIT

**Health Alliance Illinois, HealthLink OAP and the Teachers' Choice Health Plan (TCHP)** have prescription benefits administered through the Prescription Benefit Manager (PBM), Medco. In order to receive the best value, plan participants enrolled in one of the Medco-administered health plans should carefully review the various prescription networks outlined below. Most drugs purchased with a prescription are covered; however, over-the-counter drugs are not covered, even if purchased with a prescription. Participants receiving a drug costing less than the minimum co-payment will be charged the cost of the drug.

**Note for TCHP:** Prescription drug benefits of plan participants enrolled in the Teachers' Choice Health Plan (TCHP) are independent of other medical services and are not subject to the medical plan year deductible or the medical out-of-pocket maximums. A separate annual prescription in-network out-of-pocket maximum of \$1,250 applies. After meeting the \$1,250 out-of-pocket maximum, in-network prescriptions are covered at 100%. 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 appropriate co-payment/coinsurance amount. The cost difference does not apply to the \$1,250 annual prescription out-of-pocket maximum.

## In-Network Pharmacy

Retail pharmacies that contract with Medco and accept the co-payment or coinsurance amounts for prescriptions are referred to as in-network pharmacies. The maximum supply allowed at one fill is 60 days, although two co-payments/coinsurance amounts will be charged for any prescription that exceeds a 30-day supply. Plan participants who use an in-network pharmacy must present their Medco ID card/number or will be required to pay the full retail cost. If, for any reason, the pharmacy is not able to verify eligibility (submit claim electronically), the plan participant must submit a paper claim to Medco. A list of in-network pharmacies, as well as claim forms, is available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) or by calling Medco at (800) 899-2587.

## Out-of-Network Pharmacy

Pharmacies that do not contract with Medco are referred to as out-of-network pharmacies (this includes pharmacies located outside of the continental United States). In most cases, prescription drug costs will be higher when an out-of-network pharmacy is used. If a medication is purchased at an out-of-network pharmacy, the plan participant must pay the full retail cost at the time the medication is dispensed. Reimbursement of eligible charges must be obtained by submitting a paper claim and the original prescription receipt to Medco. Reimbursement will be at the applicable brand or generic in-network price minus the appropriate in-network co-payment/coinsurance. Claim forms are available on the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) or by calling Medco at (800) 899-2587.

## Mail Order Pharmacy

The Mail Order Pharmacy provides participants the opportunity to receive medications directly from Medco. To utilize the Mail Order Pharmacy, plan participants must submit an original prescription from the attending physician. The prescription should be written for a 61-90 day supply, and include up to three (3) 90-day refills, totaling one year of medication. The original prescription must be attached to a completed Medco Mail Order form and sent to the address indicated on the form. Order forms and refills can be obtained by contacting Medco at (800) 899-2587, or by accessing the Medco website at [www.medco.com](http://www.medco.com). Order forms are also available on the Benefits website.