



## Prescription Drug Plans – FY2012

### *Quality Care Health Plan, Health Link OAP, and PersonalCare OAP*

| Plan Name                                  | Deductible  | Retail Days Supply (Card/Paper) | Retail Co-Pay (Card/Paper)  | Mail Days Supply Or Retail Maintenance | Mail & Retail Maintenance Co-Pay |
|--|---|---------------------------------|-----------------------------|--|----------------------------------|
| <b>Quality Care</b>                        | \$75  | 30                              | Generic \$11.00             | 90                                     | Generic \$22.00                  |
|  |   |                                 | Preferred Brand \$26.00     |  | Preferred Brand \$52.00          |
|  |   |                                 | Non-Preferred Brand \$52.00 |  | Non-Preferred Brand \$104.00     |
| <b>HealthLink OAP<br/>PersonalCare OAP</b> | \$50  | 30                              | Generic \$10.00             | 90                                     | Generic \$20.00                  |
|  |   |                                 | Preferred Brand \$24.00     |  | Preferred Brand \$48.00          |
|  |   |                                 | Non-Preferred Brand \$48.00 |  | Non-Preferred Brand \$96.00      |
| <b>Out-of-Network Benefits</b>             | In most cases, the cost of the prescription drugs will be higher when not using an in-network pharmacy or mail order pharmacy. Prescriptions filled by an out-of-network pharmacy will require filing a claim form. |                                 |                             |  |                                  |

- Please also refer to your Benefit Choice booklet for additional prescription program details.
- If you have questions about prescription benefits and costs, please call Medco at 1-800-899-2587. Medco is only available to Quality Care, HealthLink OAP, and PersonalCare OAP members.
- Retail 90-day Maintenance Program remains in place. Penalties apply if you do not move your maintenance medication to a retail maintenance pharmacy or Medco by mail after two 30-day fills or one 60-day fill.
- If you or your doctor selects a brand name drug when a generic equivalent is available, you will pay the generic copayment, plus the cost difference between the brand and the generic.
- Effective July 1, 2011, members will have their prescription drug benefits administered by a Prescription Drug Step Therapy program. Please refer to Benefit Choice booklet for more details.

### *Blue Advantage, HMO Illinois*

### *\$50 Deductible per Individual per Plan Year*

| Benefit Type Available | Type and Supplies  | Cost   |
|------------------------|--|--|
| Retail Pharmacy        | <ul style="list-style-type: none"> <li>▪ Get 30-day supply at local retail pharmacy within network.</li> </ul> | Generic \$10.00*<br>Preferred Brand \$24.00*<br>Non-preferred Brand \$48.00* |
| Mail Order Pharmacy    | <ul style="list-style-type: none"> <li>▪ Get 90 days of maintenance medication through mail order.</li> </ul>  | Check with carrier regarding specific details.*                              |

*\*Your prescription carrier information will be listed on your insurance card.*

Last Revised: May 2011

## Deductible Claim Examples

All plan participants are responsible for a prescription deductible. Plan participants enrolled in a managed care/open access (OAP) plans have a prescription deductible of \$50; plan participants enrolled in the Quality Care Health Plan have a prescription deductible of \$75. Annual prescription deductibles must be satisfied before the prescription co-payments apply. However, if the cost of the drug is less than the plan's co-payment, the plan participant will pay the cost of the drug. **A new deductible will be required for the member and all covered dependents if the member changes health plans during the plan year.**

### Example 1 – Generic Drug Costs Less than the Deductible

|                                    | Total Cost of Drug | Deductible Applied | Deductible Remaining | Co-Payment | Total Co-Payment |
|------------------------------------|--------------------|--------------------|----------------------|------------|------------------|
| <b>QCHP First Fill</b>             | \$55               | \$55               | \$20                 | \$0        | \$55             |
| <b>QCHP Next Fill</b>              | \$55               | \$20               | \$0                  | \$11       | \$31             |
| <b>Managed Care/OAP First Fill</b> | \$37               | \$37               | \$13                 | \$0        | \$37             |
| <b>Managed Care/OAP Next Fill</b>  | \$37               | \$13               | \$0                  | \$10       | \$23             |

### Example 2 – Generic Drug Costs More than the Deductible

|                                    | Total Cost of Drug | Deductible Applied | Deductible Remaining | Co-Payment | Total Co-Payment |
|------------------------------------|--------------------|--------------------|----------------------|------------|------------------|
| <b>QCHP First Fill</b>             | \$100              | \$75               | \$0                  | \$11       | \$86             |
| <b>QCHP Next Fill</b>              | \$100              | \$0                | \$0                  | \$11       | \$11             |
| <b>Managed Care/OAP First Fill</b> | \$100              | \$50               | \$0                  | \$10       | \$60             |
| <b>Managed Care/OAP Next Fill</b>  | \$100              | \$0                | \$0                  | \$10       | \$10             |