

Prescription Drug Co-Pay Guide

PPO and Standard Plans

Bargaining Unit

Effective 1/1/04 for Retirees (and eligible dependents) who retired prior to 9/14/03

HMO enrollees – contact your individual carrier

DRUG TYPE/REQUEST	PARTICIPATING RETAIL PHARMACY (UP TO 34-DAY SUPPLY)	HOME DELIVERY PHARMACY (UP TO 90-DAY SUPPLY FOR 1 CO-PAY)
Maintenance Drug List (MDL) medication	Eligible to fill (3) of the same MDL prescriptions at retail at regular co-pays listed below according to Drug Type/Request. On 4th fill, you must have your MDL prescription filled at home delivery or pay the full cost of the drug at retail.	Regular home delivery co-pays apply as indicated below according to Drug Type/Request
GENERIC DRUG AVAILABLE		
Generic drug dispensed	\$5 co-pay	\$5 co-pay
Brand-name drug dispensed Requested by Physician (DAW – Dispense as Written)	First Fill Only - \$5 co-pay plus cost difference between brand and generic (\$10 max) Subsequent Fills - \$5 co-pay plus cost difference between brand and generic	First Fill Only - \$5 co-pay plus cost difference between brand and generic (\$10 max) Subsequent Fills - \$5 co-pay plus cost difference between brand and generic
Brand-name drug dispensed Requested by Enrollee	\$5 co-pay plus cost difference between brand and generic	\$5 co-pay plus cost difference between brand and generic
Brand-name drug dispensed after a co-pay review is approved	\$5 co-pay	\$5 co-pay
Brand-name drug dispensed after a co-pay review is denied	\$5 co-pay plus cost difference between brand and generic	\$5 co-pay plus cost difference between brand and generic
NO GENERIC DRUG AVAILABLE (BRAND-NAME ONLY)		
Brand-name drug dispensed	\$5 co-pay	\$5 co-pay