



Prescription Drug Program At A Glance

For A&M Care Participants

Effective September 1, 2009

| Annual Deductible | | \$50 per person per year / \$150 per family per year (Deductible does not apply to medical plan deductible) | | |
|--|------------------------|--|------------------------------|--|
| Access Options | Generic Drug Copayment | Preferred Drug Copayment | Non-Preferred Drug Copayment | |
| Retail – 30 Day Supply: | \$10 | \$25 | \$50 | |
| Retail – 90 Day Supply: | \$30 | \$75 | \$150 | |
| Medco By Mail Pharmacy: (up to a 90-day supply) | \$20 | \$50 | \$100 | |

Your Copayment A&M Care has a three-level copayment structure on prescription drugs. Under this structure, you pay the lowest copayment for generic drugs, a mid-level copayment for brand-name medications *on* the preferred list, and a higher copayment for brand-name drugs that are *not* on the preferred list.

Deductible Each plan year (September – August), each covered individual in your family will pay the first \$50 in drug costs, not to exceed \$150 per family. After the annual deductible is reached, you will be responsible for the copayments listed above. However, if you choose a Brand Name drug when there is a Generic alternative, you must pay the difference between the cost of the Brand name drug and the Generic drug plus the applicable Brand copayment. This difference does not count toward your annual deductible.

Excluded Participants are responsible for the full cost of drugs which are used for treatment of excluded services and supplies under the A&M Care plan. The non-preferred copayment will not apply.

**Medco Member Services
for A&M Care participants**

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Available 24 hours/day - 7 days/week (after August 17, 2009)
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