



## **Prescription Drug Benefit - Copay and Coinsurance Overview**

A brief reference guide of the Teachers Health Trust Performance Plus Plan for quick and easy answers when you need them.

# Prescription Drug Benefit- Copayment and Coinsurance Overview

A brief reference guide for the Teachers Health Trust Prescription Benefits

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## Mail Order Program Information

The mail order program is a cost-effective choice for long-term medications. You may get up to a 90-day supply for less than what you would pay at retail.

For new long-term or maintenance medications, ask your doctor to write two prescriptions:

- The first for up to a 90-day supply, plus any appropriate refills, to fill through the mail service pharmacy.
- The second for up to a 30-day supply, which you can fill at a participating retail network pharmacy for use until your mail service prescription arrives.
- Remind your doctor that generic medications are the most cost-effective.

Complete a mail service order form and send it to the mail order supplier, along with your original prescription(s) and the appropriate copayment for each prescription. Be sure to include your original prescription. Photocopies are not accepted. You must mail in a Mail Service Order Form the first time you request a new prescription through mail service. Our automated refill service is only available after we process your first prescription order.

*Please note: You should not send in a prescription written for a 30-day supply permitting refills to the mail order program. The mail order service can **ONLY** fill for the quantity limit written on your prescription. The prescription MUST be written for a 90-day supply in order for the mail order program to save you money.*



## Prescription Drug Benefit- Copayment and Coinsurance Overview (continued...)

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Mail Order Program (90-Day Supply)	
<b>Generic Drugs: Cost Up to \$75</b>	\$12.50
<b>Generic Drugs: Cost Over \$75</b>	25% of cost of prescription, copay max of \$150 per 90-day prescription
<b>Preferred (Formulary)</b>	25% of cost of prescription, copay max of \$300 per 90-day prescription
<b>Non-Preferred Brand</b>	40% of cost of prescription, minimum \$125
<b>Formulary Diabetic Supplies</b> (Includes Syringes, Needles, Lancets and Test Strips; Limited to a quantity of 600 per 90-day supply.)	If enrolled in WellHealth Diabetic Program: \$0 copay; If not enrolled in WellHealth Diabetic Program: \$30 copay (Included in Out-of-Pocket Max). Glucose monitors are provided, at no charge to the participant, by the Trust
<b>Formulary Diabetics Insulin and Medications</b>	25% of the cost of the prescription. (Included in Out-of-Pocket Max)  Participants enrolled in and compliant with the WellHealth Diabetic Program: \$300 Out-of-Pocket max per prescription per 90-day supply.  Participants not enrolled in and compliant with the WellHealth Diabetic Program: \$600 Out-of-Pocket max per prescription per 90-day supply