



# Prescription Drug Program At A Glance

## Participants in the A&M Care Plans Plan Year 2019 - 2020

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	Brand-name Preferred Drug Copayment	Brand-name Non-Preferred Drug Copayment
Retail – 30 Day Supply:	\$10	\$35	\$60
Retail – 90 Day Supply:	\$30	\$105	\$180
Home Delivery through the Express Scripts Pharmacy (up to a 90-day supply)	\$20	\$70	\$120

### Your Copayment

The A&M Care Plans have 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.

### Out of Pocket Maximum

\$5,000 Single  
\$10,000 Family  
The prescription deductible and copays apply towards the Out of Pocket Maximum

### 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.