

Prescription Drug Benefit

Plan participants enrolled in all State health plans have prescription drug coverage available. All prescriptions medications are compiled on a preferred list (“formulary list”). Formulary lists categorize brand drugs in three levels: generic, preferred brand and non-preferred brand. Each level has a different co-payment amount.

PRESCRIPTION DRUG CO-PAYS		
	Prescription Plan	
	QCHP	All Other Plans
Generic	\$11	\$10
Preferred Brand (Formulary Brand)	\$22	\$20
Non-Preferred Brand	\$44	\$40

It is important to note that formulary lists are subject to change any time during the plan year. Certain health plans notify plan participants by mail when a prescribed medication they are currently taking is reclassified. Plan participants should consult with their physician to determine if a change in prescription is appropriate.

Coverage for specific drugs may vary depending upon the health plan. To compare formulary lists (preferred drug lists), cost-savings programs and to obtain a list of pharmacies that participate in the various health plan networks, plan participants should visit the website of each health plan.

Quality Care Health Plan & HealthLink have prescription benefits administered through the Prescription Benefit Manager (PBM), Medco. Link for Medco follows:

http://www.medco.com/medco/corporate/home.jsp?BV_SessionID=@@ @1979647810.1209066799-mm326388269340@@@@&BV_EngineID=ccgfadedmdikekkckfklcgffdghdfil.0

Formulary Link: http://www.medco.com/art/corporate/medco_formularies.pdf

Health Alliance administers a prescription drug benefit through MedImpact.

https://healthalliance.org/HAMP_formulary_2002.pdf

Note: No over-the-counter drugs are covered, even if purchased with a prescription. Plan participants should direct prescription benefit questions to the respective health plan administrator.