

**CENTURY PREFERRED  
MANAGED RX, 3 TIER**

*Benefits at a Glance for Town of Glastonbury Non Affiliate  
FD 030/031*

*\$15 COPAYMENT GENERIC DRUGS  
\$25 COPAYMENT LISTED BRAND-NAME DRUGS  
\$40 COPAYMENT NON-LISTED BRAND-NAME DRUGS  
Unlimited Annual Maximum*

**How To Use 3-Tier Managed Rx**

Includes Oral Contraceptives

3-Tier Managed Rx has three different levels (or “tiers”) of copayments, depending on the type of prescription drug you purchase (see the chart below for details). Your copayments will be lower when you use generic or brand-name medications that are on our list of preferred prescription drugs. The medications on this list are selected for their quality, safety and cost-effectiveness. You’ll still have coverage brand-name drugs that are not on the list, but your copayment will be higher.

Talk to your provider about using generic drugs or listed brand-name drugs. It’s a simple way to save out-of-pocket expenses.

**Copayments and Day Supplies**

- You will be responsible for one copayment when purchasing a 30-day supply of prescription drugs from a retail pharmacy.
- . Two copayments when purchasing a 31-day to 90-day supply of maintenance drugs through the voluntary mail-service program (see chart for details).

*Generic Drugs Have the Lowest Copayment*

		<i>Your copayment:</i>
<b>Tier 1: Generic drugs</b>	The term “generic” refers to a prescription drug that is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand-name drug. Tier 1 copayment applies.	\$15
<b>Tier 2: Listed brand-name drugs</b>	The term “listed brand-name” refers to a brand-name prescription drug that is on Anthem Blue Cross and Blue Shield’s list of preferred prescription drugs. Tier 2 copayment applies.	\$25
<b>Tier 3: Non-listed brand-name drugs</b>	The term “non-listed brand-name” refers to a brand-name prescription drug that is not on Anthem Blue Cross and Blue Shield’s list of preferred prescription drugs. Tier 3 copayment applies.	\$40
<b>Mail Service</b>	Two copayments per 31- 90...(31-90)	\$30 GE/\$50 LB/\$80 NLB
<b>Annual Maximum</b>	Per member per calendar year	Unlimited

## **Generic Substitution**

Prescriptions will be filled with the generic equivalent when there is one available. **Exception:** If your doctor indicates “Dispense as Written.” In this case you will receive the brand-name drug—and you will be responsible for the applicable listed brand or non-listed brand copayment. **NOTE:** If your doctor does *not* indicate “Dispense as Written,” you will be responsible for the applicable listed brand or non-listed brand-name copayment as well as the difference in cost between the generic and listed brand or non-listed brand name drug.

## **Voluntary Mail-Service Program**

Anthem Rx, our voluntary mail-service drug program, can save you time and expense if you regularly take one or more types of maintenance drugs. You can order up to a 90-day supply of these medications and have them delivered directly to your home.

Two mail-service copayments will apply as follows for a 90-day supply per prescription: \$30/\$50/\$80.

## **National Pharmacy Network**

Members also have access to a network of more than 65,000 retail pharmacies throughout the country. Members may call 1-800-962-8192, to locate a participating pharmacy when traveling outside the state.

## **Non-Participating Pharmacies**

Members who fill prescriptions at a non-participating pharmacy are responsible for payment at the time the prescription is filled. Members must submit claims to Anthem Blue Cross and Blue Shield for reimbursement, and payment will be sent to the member. Members who use non-participating pharmacies will pay 20% of the in-network allowance, plus the difference between Anthem Blue Cross and Blue Shield’s payment and the pharmacist’s actual charge.

## **Limits and Exclusions**

Benefits are limited to no more than a 30-day supply for covered drugs purchased at a retail pharmacy, and no more than a 90-day supply for covered drugs purchased by mail service. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.

Benefits for prescription birth control and Sexual Dysfunction medications are optional for groups such as yours. Check with your benefits administrator to find out whether or not you have such benefits.

*This is not a legal contract. It is only a general description of the Managed Rx, 3 Tier version. Please consult the Evidence of Coverage or prescription drug rider for a complete description of benefits and exclusions applicable to your coverage.*