



Medco Pharmacy Plan 5

Administered by Medco: 1-800-841-2806

www.gbophb.org

Plan Feature	Participating Pharmacy Benefit	Non-Participating Pharmacy Benefit
Retail Pharmacy	Participating pharmacy – retail co-payment: 30-day maximum supply	None
Generic	\$10	
Preferred brand name ¹	\$20	
Non-preferred brand name ¹	\$35	
Medco by Mail Service	Medco by Mail service co-payment: 90-day maximum supply	
Generic	\$20	
Preferred brand name ¹	\$40	
Non-preferred brand name ¹	\$70	None
<i>For maximum benefits, refills for most maintenance medications require fulfillment through the Medco by Mail Pharmacy Program.</i>		
Annual Co-Payment Maximum	None	None

¹ Patient is required to pay the generic co-payment plus the difference in cost between the generic and brand name drug, when the brand name is chosen and a generic is available.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by the General Board of Pension and Health Benefits. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.