



Medco Pharmacy Plan 2

Administered by Medco Health: 1-800-841-2806

www.gbophb.org

Plan Feature	In-Network Benefit	Out-of-Network Benefit
Retail Pharmacy	<ul style="list-style-type: none"> • \$50 individual/\$100 family • Annual retail deductible (does not apply to mail service) 	Reimbursement for out-of-network pharmacy or a network pharmacy when no card is used is limited to the amount the plan would have paid a participating pharmacy. If a network pharmacy is not available, a paper claim must be filed; then 100% of Reasonable & Customary will be reimbursed after deductible and co-payment are taken.
Generic	Network pharmacy – retail co-payment: 30-day maximum supply \$10	
Preferred brand name ¹	\$15	
Non-preferred brand name ¹	\$30 (does not apply to annual co-payment maximum)	
Mail Service	Mail service co-payment: 90-day maximum supply	None
Generic	\$20	
Preferred brand name ¹	\$30	
Non-preferred brand name ¹	\$60 (does not apply to annual co-payment maximum)	
Annual Co-Payment Maximum	<ul style="list-style-type: none"> • \$1,000 individual/\$2,000 family Accumulation excludes the non-preferred brand name co-payments and additional cost when generic is available.	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. The additional cost does not apply to the annual co-payment maximum.

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") issued 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.