



## PPO Plan 7 - Your Prescription Benefit at a Glance



See how you can get the most from your benefit. Show this to your doctor and ask if you could pay less by filling a generic prescription through home delivery.

### Home delivery: savings and to-your-door convenience

Did you know you could avoid paying more money if you use home delivery? For your long-term drugs (those you take for at least 3 months), you'll typically pay less with home delivery from **MedImpact Direct Mail Order (1-855-873-8739)**. You'll get up to a 90-day supply with free standard shipping.

It's easy to start! Just call us at the number on your member ID card, and we'll ask your doctor for a new prescription. Or ask your doctor to e-prescribe or fax a 90-day prescription to us. You can also get started at [medimpactdirect.com](http://medimpactdirect.com).

### Generics: benefits for your health and budget

FDA-approved generics are just as safe and effective as brand-name drugs. The difference? Generics can cost about 50% to 70% less.<sup>1</sup> Today, nearly 8 in 10 prescriptions filled in the U.S. are for generic drugs.<sup>2</sup> If you're taking a brand-name drug, ask your doctor if a less expensive generic is available.

### What you'll pay\*

	Home Delivery from MedImpact Direct Mail Order	Retail pharmacy (in network)
Generics	0%	0%
Preferred brands**	0%	0%
Non-preferred brands**	0%	0%
MedImpact Direct Specialty	0%	0%

\*If the cost of the drug is less than the Copayment/Coinurance, you will pay the lower amount.

\*\*Whenever plan preferred or non-preferred brand name is dispensed and a generic drug is available, your out-of-pocket cost will consist of the applicable copayment shown in the above chart plus the cost difference between the brand-name drug and the generic.

**Your plan has a deductible of \$3,000 for a single person and \$6,000 for a family.** The coinsurance amounts above apply once you meet your individual deductible. You will pay the entire cost of the medication until you have met your deductible. After that, you will pay the applicable coinsurance until you reach your maximum out-of-pocket. **Your plan has an out-of-pocket maximum of \$3,000 for you or \$6,000 for your entire family.** If you pay this much in a year, or if you are in a family, your family pays this much in a year, medications for the rest of the year are covered 100%. The out-of-pocket maximum does not include the cost of care when benefit limits have been reached, balance billed amounts from out-of-network providers or the amount of services and supplies not covered by the plan.

### Select preventive prescription drugs will now be covered at no cost.

#### Manage your prescriptions online

- Refill home delivery prescriptions
- Find potential lower-cost options
- Check order status
- Find the nearest in-network pharmacy



<https://mp.medimpact.com/VPCBC>

1. U.S. Food and Drug Administration. <http://www.fda.gov/regulatoryinformation/legislation/federalfooddrugandcosmeticactfdact/significantamendmentstothefdact/fdasia/ucm310992.htm>. Accessed August 5, 2014.

2. U.S. Food and Drug Administration. <http://www.fda.gov/Drugs/ResourcesForYou>. Accessed August 5, 2014.