

Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's medical plan options. For most plans, coverage is provided by CVS Caremark. However, if you enroll in the Blue Open Access HSA, your prescription drug coverage will be provided by Anthem/CarelonRx. The chart below shows how much you will pay and the name of the administrator depending on the plan you select.

| Prescription Drugs | Blue Open Access POS Provider: CVS Caremark | | Blue Open Access HMO Provider: CVS Caremark | Kaiser HMO Provider: Kaiser |
|-----------------------------------|--|----------------|--|--|
| | In-Network | Out-of-Network | In-Network ¹ | In-Network |
| Retail (30-day supply) | | | | |
| Generic | \$15 copay | Not covered | \$15 copay | \$15 copay |
| Formulary | 30% (\$40 min / \$100 max) | Not covered | 30% (\$40 min / \$100 max) | 30% (\$40 min / \$100 max) |
| Non-Formulary | 40% (\$80 min / \$120 max) | Not covered | 40% (\$80 min / \$120 max) | 40% (\$80 min / \$180 max) |
| Specialty | 30% (\$100 max) | Not covered | 30% (\$100 max) | Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply. |
| Mail Order (90-day supply) | | | | |
| Generic | \$30 copay | Not covered | \$30 copay | \$30 copay |
| Formulary | 30% (\$80 min / \$200 max) | Not covered | 30% (\$80 min / \$200 max) | 30% (\$80 min / \$200 max) |
| Non-Formulary | 40% (\$160 min / \$240 max) | Not covered | 40% (\$160 min / \$240 max) | 40% (\$180 min / \$360 max) |
| Specialty | Not covered | Not covered | Not covered | Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply. |

¹ Prior approval for out-of-network services is required.

| Prescription Drugs | Blue Open Access HSA Provider: Anthem/CarelonRx | Kaiser HSA Provider: Kaiser |
|-----------------------------------|--|--|
| | In-Network / Out-of-Network ² | In-Network |
| Retail (30-day supply) | | |
| Generic | \$10 copay, after deductible | \$15 copay, after deductible |
| Formulary | \$30 copay, after deductible | 30% (\$40 min / \$100 max), after deductible |
| Non-Formulary | \$50 copay, after deductible | 40% (\$80 min / \$180 max), after deductible |
| Specialty | 30% (\$100 max), after deductible | After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply. |
| Mail Order (90-day supply) | | |
| Generic | \$20 copay, after deductible | \$30 copay, after deductible |
| Formulary | \$60 copay, after deductible | 30% (\$80 min / \$200 max), after deductible |
| Non-Formulary | \$100 copay, after deductible | 40% (\$180 min / \$360 max), after deductible |
| Specialty | Not covered | After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply. |

² You will pay full cost at the pharmacy and file a claim for reimbursement.

Go Generic and Save Money!

Always ask your doctor if a generic medication is available – generics are less expensive than their brand-name counterparts and just as effective.

You also may want to consider enrolling in a medical plan with a Health Savings Account (HSA) or enrolling in a Flexible Spending Account (FSA) if you are not enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan. HSAs and FSAs allow you to set aside pre-tax dollars to cover eligible expenses, including prescription drugs.