

Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's medical plan options. Effective July 1, 2024, coverage for all plans will be provided by CVS Caremark. If you are affected by this change, you will receive additional information directly from CVS Caremark soon. The chart below shows how much you will pay for prescription drugs, 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: CVS Caremark	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.