



Bloomfield Schools

Human Resources

Medco Prescription Drug Benefit Summary

	Local Participating Pharmacy	Mail Order Program
Maximum days' supply per copay	30	90
Generic Drugs	\$2	\$5
Preferred Brand Name Drugs	30% of the discounted cost; minimum payment of \$16 and maximum payment of \$42	\$30 copay
Preferred diabetes medications and supplies	To confirm copay or coverage of insulin or diabetes supplies, visit www.medco.com or contact Member Services at 1-800-498-4904.	To confirm copay or coverage of insulin or diabetes supplies, visit www.medco.com or contact Member Services at 1-800-498-4904.
Nonpreferred drugs	70% copay Visit www.medco.com to view the current formulary, obtain copay cost estimates, and find less costly alternatives for your doctor's review.	70% copay Visit www.medco.com to view the current formulary, obtain copay cost estimates, and find less costly alternatives for your doctor's review.
Speciality drugs	\$50 copay for a 30-day supply. After specialty copays add up to \$500, copays are reduced for the remainder of the calendar year. (\$5 generic, \$10 preferred, \$24 nonpreferred).	Specialty drugs are obtained via the contracted specialty pharmacy after the second fill at retail.
Immunizations administered by certified pharmacists	To confirm copay or retail pharmacy coverage of immunizations, visit www.medco.com or contact Member Services at 1-800-498-4904.	Not covered on mail program