



**Prescription Drug Summary of Benefits
for Southwestern University
January 2011 through December 2011**

RETAIL PRESCRIPTION DRUG BENEFITS

Customer Service: 800-221-1786

	Short Term Medications Up to 30 day supply		Long Term Medications (Maintenance) Up to 30 day supply			
	Participating Pharmacy	Non-Participating Pharmacy	Participating Pharmacy First 2 Refills	Participating Pharmacy After 2nd Refill	Non-Participating Pharmacy First 2 Refills	Non-Participating Pharmacy After 2nd Refill
Basic Plan						
Generic	\$15 copay	\$15 copay + 20% of remaining cost	\$15 copay	\$30 copay	\$15 copay + 20% of remaining cost	\$30 copay + 20% of remaining cost
Formulary, Brand Name	\$25 copay	\$25 copay + 20% of remaining cost	\$25 copay	\$50 copay	\$25 copay + 20% of remaining cost	\$50 copay + 20% of remaining cost
Non-Formulary, Brand Name	\$50 copay	\$50 copay + 20% of remaining cost	\$50 copay	\$100 copay	\$50 copay + 20% of remaining cost	\$100 copay + 20% of remaining cost

Members may purchase a 90-day supply of their maintenance medications at a local CVS pharmacy retail outlet, but pay the same rate as the mail-order program (two-times co-pay).

**MAIL ORDER PRESCRIPTION
DRUG BENEFITS**

Customer Service: 800-221-1786

Up to a 90 day supply of medications	
Basic Plan	
Generic	\$30
Formulary, Brand Name	\$50
Non-Formulary, Brand Name	\$100

SPECIALTY/BIOTECH MEDICATION PRESCRIPTION DRUG BENEFITS

Customer Service: 800-237-2767

Basic Plan

Participant pays 25% of the cost of the prescription up to a maximum of \$500 per prescription.

Unlimited calendar year maximum allowable benefit (MAB) per participant.

Updated 10/27/10