



**PRESCRIPTION DRUG COMPARISON**

	<b>Current BeneCard Prescription</b>	<b>Effective 7/1/2020 Horizon Prescription</b>
<b>Copays are for:</b> 1. <i>Generic medications,</i> 2. <i>Brand Name medications that do not have a Generic equivalent (Single Source)</i> 3. <i>Brand Name Medications with a Generic equivalent (Multi-Source).</i>	<u>Retail Copayments (100 units or a 34 day supply whichever is greater)</u> Generic - \$10 Brand (Single Source) - \$15 Brand (Multi-Source) - \$20 <u>Mail Order Copayments (90 day supply)</u> Generic - \$20 Brand (Single Source) - \$30 Brand (Multi-Source) - \$40	<u>Retail Copayments (100 units or a 34 day supply whichever is greater)</u> Generic - \$10 Brand (Single Source) - \$15 Brand (Multi-Source) - \$20 <u>Mail Order Copayments (90 day supply)</u> Generic - \$20 Brand (Single Source) - \$30 Brand (Multi-Source) - \$40
<b>Copays are for:</b> 1. <i>Generic medications,</i> 2. <i>Brand Name medications that do not have a Generic equivalent (Single Source)</i> 3. <i>Brand Name Medications with a Generic equivalent (Multi-Source).</i>	<u>Retail Copayments* (100 units or a 34 day supply whichever is greater)</u> Generic – 30% copay Brand (Single Source) – 35% copay Brand (Multi-Source) – 35% copay <u>Mail Order Copayments* (90 day supply)</u> Generic – 30% copay Brand (Single Source) – 35% copay Brand (Multi-Source) – 35% copay  <i>There is a combined \$100 annual deductible per individual and a \$200 annual deductible per family on the above</i>	<u>Retail Copayments* (100 units or a 34 day supply whichever is greater)</u> Generic – 30% copay Brand (Single Source) – 35% copay Brand (Multi-Source) – 35% copay <u>Mail Order Copayments* (90 day supply)</u> Generic – 30% copay Brand (Single Source) – 35% copay Brand (Multi-Source) – 35% copay  <i>There is a combined \$100 annual deductible per individual and a \$200 annual deductible per family on the above</i>
<b>Prescription Plan Protocol</b>		
	Horizon Yes or No	BeneCard Yes or No
Prescription are subject to Generic, Brand Name Single Source and Brand Name Multi-Source.	Yes	Yes
Prescriptions must be medically necessary and appropriate.	Yes	Yes
Certain Prescriptions require Prior Authorization to be covered.	Yes	Yes
Step Therapy - Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, the Step Therapy program requires a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If you purchase the higher cost medication without a prior approval, there will be no coverage.	No	No
Preferred Drug Step Therapy (PDST) — Under PDST, a member is required to try and fail a lower cost prescription drug before approval of a high cost prescription drug in the following classes of drugs: Proton Pump Inhibitors (ulcer/reflux drugs), SSRI/SSNRI antidepressants, osteoporosis drugs, nasal steroids, and hypnotics	No	No
Compound Drugs - Medications that mix or alter ingredients to create a medication designed to the needs of an individual patient.	Yes	Yes
Medication purchased in connection with Cosmetic Services.	No	No