## 25/50 Percent Prescription Drug Plan with Minimum And Maximum Copayments

## Your Out-of-Pocket Costs



## HMO New Mexico

Independent Licensees of the Blue Cross and Blue Shield Association

Your copayment for prescription drugs purchased through this drug plan is $\mathbf{2 5}$ percent of the covered charge for generic drugs and $\mathbf{5 0}$ percent of the covered charge for brand-name drugs. If the percentage of the covered charge falls between the minimum/maximum copayment, you will pay the actual percentage amount.

| Program | Percentage | Minimum | Maximum |
| :--- | :---: | :---: | :---: |
| Retail Pharmacy: Up to a 30-day supply or 180 units, whichever is less. | $\$ 75$ |  |  |
| Generic drug | $25 \%$ | $\$ 20$ | $\$ 125$ |
| Brand-name drug | $50 \%$ | $\$ 40$ | $\$ 150$ |
| Mail-Order Plan: Up to a 90-day supply or 540 units, whichever is less. | $\$ 250$ |  |  |
| Generic drug | $25 \%$ | $\$ 40$ | $\$ 80$ |
| Brand-name drug | $50 \%$ | N/A - You pay $50 \%$ | N/A - You pay 50\% |
| Prior-approved enteral nutritional <br> products and special medical foods | $50 \%$ | N/ |  |

Your copayment will never exceed the maximum copayment listed. In all cases, your copayments are applied to an annual out-of-pocket limit of $\$ 2,500$. (This limit is separate from the medical plan's out of pocket limit.) Be sure to have your prescriptions filled at a participating pharmacy (see the Network Directory) or through the Mail Order Service. Coverage is always subject to the limitations of your health care plan. F or some medications, prior approval, generic substitution, or quantity limits may apply. See your Benefit Booklet or Drug Plan Rider for details, limitations, and exclusions.

Minimums and Maximums - The following is an example of how the minimum and maximum copayment amounts work when you purchase a generic drug through the Retail Pharmacy Program:

| Minimum $=\mathbf{\$ 2 0}$ <br> Maximum $=\$ 75$ | Retail <br> Cost | $\mathbf{2 5 \%}$ | Your Cost |
| :--- | :---: | :---: | :--- |
| Medication A | $\$ 16$ | N/A | Since $\$ 16$ is less than the minimum copayment of $\$ 20$, you pay the <br> actual cost of $\$ 16$. |
| Medication B | $\$ 40$ | $\$ 10$ | Since $\$ 10$ is less than the minimum copayment of $\$ 20$, you pay the <br> minimum copayment of $\$ 20$. |
| Medication C | $\$ 100$ | $\$ 25$ | Since $\$ 25$ is between the minimum copayment of $\$ 20$ and the <br> maximum copayment of $\$ 75$, you pay the full $25 \%$ (or $\$ 25$ ). |
| Medication D | $\$ 400$ | $\$ 100$ | Since $\$ 100$ is greater than the maximum copay of $\$ 75$, you pay only <br> the maximum copayment of $\$ 75$. |

Brand-name drugs are produced by the company that holds the original patent. Once the patent expires, other companies can produce an equivalent drug. These equivalent drugs are called "generic" drugs and are evaluated by the FDA and undergo the same scrutiny as brand-name drugs.

A generic-equivalent drug must have the same active ingredients and be chemically equivalent to the brand-name drug. Welimit this benefit to generics rated by the FDA as being equivalent to the brand-name and having the same clinical effects and safety profile as the brand-name drug.

