

WILLIAM PENN SCHOOL DISTRICT

PRESCRIPTION COVERAGE



All medical plan options include prescription drug coverage for medically appropriate prescription drugs and a mail order service through **CVS-Caremark** allowing you to order up to a 90-day supply of covered maintenance medications for the applicable generic or brand copayments. To qualify as a covered benefit and ensure that the drug prescribed is medically appropriate, certain drugs require prior authorization.

	Any network pharmacy		CVS/pharmacy or CVS/Caremark Mail Service Pharmacy
	<i>Price of one 34-day refill</i>	<i>Price of three 34-day refills</i>	<i>Price of one 90-day supply (physician must write for 90-day supply)</i>
Plan 1 Keystone Direct POS			
Generic drugs	\$5	\$15	\$5
Preferred brand drugs	\$10	\$30	\$10
Non-preferred brand drugs	\$10	\$30	\$10
Maximum Out-of-Pocket	\$5,350 per individual / \$10,700 per family		

	Any network pharmacy		CVS/pharmacy or CVS/Caremark Mail Service Pharmacy
	<i>Price of one 34-day refill</i>	<i>Price of three 34-day refills</i>	<i>Price of one 90-day supply (physician must write for 90-day supply)</i>
Plan 2 Personal Choice PPO			
Generic drugs	\$5	\$15	\$5
Preferred brand drugs	\$30	\$90	\$30
Non-preferred brand drugs	\$30	\$90	\$30
Maximum Out-of-Pocket	\$5,350 per individual / \$10,700 per family		

Please note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reasons other than doctor or other prescriber indicates, "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.