

Your 2010 Prescription Drug Benefit Chart
Premier 10/30/45
Maine State Employees Health Insurance Program
Effective - 01/01/2010

Formulary	Premier 3 Tier - Open
Mandatory Generic	No
Deductible	\$0
Covered Services	What you pay

Initial Coverage

Below is your payment responsibility from the time you meet your deductible, if you have one, until the cost paid by you for your prescriptions reaches your True Out of Pocket cost of \$4,550.

Retail Pharmacy	per up to 59 days supply
<ul style="list-style-type: none"> • Generics, including Specialty Drugs 	\$10 copay
<ul style="list-style-type: none"> • Select Generics 	\$0 copay for Select Generics
<ul style="list-style-type: none"> • Preferred Brands, including Specialty Drugs and Vaccines 	\$30 copay
<ul style="list-style-type: none"> • Non-Preferred Brands and Non-Formulary Drugs 	\$45 copay

Typically retail pharmacies dispense a 30-day supply of medication. Most of our retail pharmacies can dispense up to a 90-day supply of medication. If you use a retail pharmacy in the State of Maine that will distribute a 60 to 90 day supply, the Mail Order Pharmacy copays (shown below) will apply.

Mail Order Pharmacy	per 60 to 90 day supply
<ul style="list-style-type: none"> • Generics, including Specialty Drugs 	\$10 copay
<ul style="list-style-type: none"> • Select Generics 	\$0 copay for Select Generics
<ul style="list-style-type: none"> • Preferred Brands, including Specialty Drugs and Vaccines 	\$30 copay
<ul style="list-style-type: none"> • Non-Preferred Brands and Non-Formulary Drugs 	\$45 copay

Covered Services	What you pay
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If you purchase drugs at Retail or Mail Order Pharmacies that are not listed in our participating pharmacy directory, you will be responsible for all amounts over our negotiated cost. If you need an emergency supply of drugs and you are not near a Retail Pharmacy in our participating pharmacy directory, you will not be responsible for amounts over our negotiated costs.

Vaccine Coverage	
<p>The up front costs for vaccines will vary based upon where the vaccine is purchased and administered. Some vaccines, such as Flu Vaccines, are paid under your Medicare Part B coverage. Vaccines that are covered by Medicare Part B are not covered by your Part D plan. Please see your Evidence of Coverage booklet for a complete explanation of your vaccine coverage.</p>	
Catastrophic Coverage	
<p>Your payment responsibility changes after the cost you have paid for prescription drugs reaches your True Out of Pocket cost of \$4,550.</p>	
<ul style="list-style-type: none"> • Generics, including Specialty Drugs 	\$2.50 or 5% whichever is greater
<ul style="list-style-type: none"> • Select Generics 	\$0 copay for Select Generics
<ul style="list-style-type: none"> • Preferred and Non-Preferred Brands, including Specialty Drugs, Vaccines, and Non-Formulary Drugs 	\$6.30 or 5% whichever is greater
Extra Covered Drug Groups	
<p>These are drugs that are covered by your plan that are often excluded from Part D Prescription Drug Plans. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.</p>	
Benzodiazepines and Barbiturates Cosmetics Cough and Cold DESI Over the Counter Vitamins and Minerals Analgesics	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> • Generics 	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> • Preferred and Non-Preferred Brands 	You pay your retail or mail order generic copay
Erectile Dysfunction	
See Formulary for complete list of drugs covered	
<ul style="list-style-type: none"> • Generics 	\$50 copay
<ul style="list-style-type: none"> • Preferred and Non-Preferred Brands 	\$50 copay
Infertility Drugs	
None of these drugs are Formulary drugs	
<ul style="list-style-type: none"> • Generics 	\$50 copay
<ul style="list-style-type: none"> • Brands 	\$50 copay