

# TeamCare members enjoy low cost prescription benefits.



Under the TeamCare PPO plan, TeamCareRx helps members and their families with low cost prescription benefits through CVS/caremark — the nation's leading pharmacy benefit manager.

You have great choices: fill your short-term prescriptions at any in-network local pharmacy through the nationwide network of 62,000 participating pharmacies, including more than 20,000 independent community pharmacies; and for long-term prescriptions use CVS/caremark mail service or the Maintenance Choice program at any CVS/pharmacy store. CVS/specialty pharmacy also provides medications for rare and complex health conditions to help our members to live longer, healthier lives.

## Short-term Prescriptions

Using the CVS/caremark retail pharmacy program, you'll receive up to a 30-day supply of covered medications for a **25%** coinsurance payment.

Here are examples of your 30-day supply costs for two of the most commonly prescribed drugs:

- Simvastatin 20mg (generic for Zocor) is a cholesterol-lowering statin drug and your co-pay for a **30-day** supply would be around \$.80 cents.
- Lisinopril 10mg is a common blood pressure drug and your co-pay for a **30-day** supply would be around \$.46 cents.

Just show your TeamCare Prescription ID Card at any in-network pharmacy, pay your coinsurance and pick up your prescription—it's that easy.

## Long-term Prescriptions

For maintenance medications taken for more than 60 days, you'll receive up to a 90-day supply for a **20%** coinsurance payment. You can use the Maintenance Choice™ program at any CVS/pharmacy or Target store or have a 90-day supply mailed right to your home.

Here are examples of your 90-day supply costs for two of the most commonly prescribed drugs:

- Simvastatin 20mg (generic for Zocor) is a cholesterol-lowering statin drug and your co-pay for a **90-day** supply would be around \$1.31.
- Lisinopril 10mg is a common blood pressure drug and your co-pay for a **90-day** supply would be around \$.52 cents.

If a generic equivalent is available, you must take the generic or be responsible for the cost difference. If it is medically necessary to take the brand, to avoid the higher cost - you must have that medication approved by TeamCare.

In addition, TeamCare does not cover drugs or medicines on a formulary exclusion list compiled by CVS/Caremark. The formulary exclusion list is available at [MyTeamCare.org](http://MyTeamCare.org) or by contacting CVS/Caremark.

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**TeamCare members only pay up to a maximum out-of-pocket coinsurance of \$200 per Prescription — even for specialty medications costing thousands of dollars.**

## Here's a sample of TeamCareRx co-pay costs.

Check out these sample TeamCare **member** costs for 30-day and 90-day supplies of the prescriptions most often dispensed. These estimates are based on the CVS/caremark pricing as of **January 1, 2019** and are subject to change.

PRESCRIPTION	30 DAYS	90 DAYS
Advair Diskus 2 100/50 MCG	\$62.39	\$139.28
Albuterol Sulfate 8mg	\$35.35	\$90.18
Allopurinol 100mg	\$1.70	\$3.34
Alprazolam 0.5mg	\$0.54	\$0.95
Amlodipine Besylate 5mg   <i>Generic for Norvasc</i>	\$0.93	\$1.60
Amlodipine Besylate/Benazep 5-10mg <i>Gen for Lotrel</i>	\$5.97	\$13.03
Amlodipine Besylate/Benazep 5-20mg <i>Gen for Lotrel</i>	\$5.91	\$12.88
Amox Tr/potsm Clavula 250-125mg	\$25.31	N/A
Amoxicillin 500mg	\$0.72	N/A
Atenolol 50mg	\$0.50	\$0.62
Atorvastatin Calcium 10 mg   <i>Generic for Lipitor</i>	\$5.90	\$12.87
Azelastine HCL 137MCG   <i>Generic for Astelin</i>	\$7.93	N/A
Azithromycin 250mg	\$0.73	\$0.38
Benicar 20mg	\$36.50	\$81.27
Bisoprolol Fumarate/HCTZ 2.5-6.25 mg	\$3.74	\$7.97
Budesonide 32MCG   <i>Generic for Rhinocor Aqua</i>	\$28.32	\$72.14
Bupropion 150mg   <i>Generic for Wellbutrin XL</i>	\$6.50	\$14.23
Buspirone HCL 30mg   <i>Generic for Xanax</i>	\$34.48	N/A
Carisprodol 350mg	\$2.06	N/A
Celecoxib 50mg   <i>Generic for Celebrex</i>	\$8.45	\$18.64
Celecoxib 200mg   <i>Generic for Celebrex</i>	\$14.65	\$32.71
Cephalexin 500mg	\$0.87	N/A
Ciprofloxacin 500mg	\$25.20	N/A
Citalopram 20mg	\$0.87	\$1.46
Clarithromycin 500mg	\$9.34	N/A
Clonazepam 0.5mg	\$7.03	\$17.48
Clopidogrel 75mg   <i>Generic for Plavix</i>	\$10.27	\$22.78
Crestor 10mg	\$54.09	\$120.68
Cyclobenzapr 10mg	\$0.64	N/A
Dexmethylphenidate Er 15mg <i>Generic for Focalin XR</i>	\$31.23	\$70.31
Dextroamphetamine-Er 20 mg <i>Generic for Adderall XR</i>	\$24.64	N/A
Divalproex Sdm 500mg   <i>Generic for Depakote</i>	\$8.33	\$18.38
Doxazosin Mesylate 8mg	\$4.36	\$9.38
Duloxetine HCL 60mg   <i>Generic for Cymbalta</i>	\$23.71	\$53.26
Epipen 0.3 mg-2 for 30 days	\$65.48	N/A
Escitalopram Oxlate 10mg <i>Generic for Lexapro</i>	\$6.68	\$14.64
Esomeprazole/Magnesium 20mg <i>Generic for Nexium</i>	\$44.97	\$114.90
Estradiol .075mg   <i>Generic for Climara</i>	\$16.80	\$42.56
Fenofibrate 48mg   <i>Generic for Tricor</i>	\$7.81	\$17.19
Fenofibrate 145mg   <i>Generic for Tricor</i>	\$22.94	\$51.52
Fentanyl 25MCG/HR	\$13.01	\$29.00

PRESCRIPTION	30 DAYS	90 DAYS
Fexofenadine PSE 120-60 mg   <i>Generic for Allegra</i>	\$23.74	N/A
Fluoxetine HCL 20mg   <i>Generic for Prozac</i>	\$22.28	\$56.64
Gianvi   <i>Generic for Yaz</i>	\$10.74	\$23.84
Ibandronate Sodium 150mg   <i>Generic for Boniva</i>	\$9.16	\$20.26
Ibuprofen 800mg	\$1.59	\$3.09
Indomethacin 50mg	\$1.26	\$2.34
Ipratropium Bromide 21MCG	\$4.29	\$9.21
Lancets 100 for 30 days, 300 for 90 days (21 Gauge)	\$1.44	\$3.62
Levetiracetam 500mg   <i>Generic for Keppra</i>	\$3.20	\$6.74
Levothyroxine 0.125MCG   <i>Generic for Synthroid</i>	\$3.28	\$6.93
Lisinopril 10mg	\$0.46	\$0.52
Lorazepam 0.5mg	\$0.53	N/A
Meloxicam 15mg	\$0.87	\$1.46
Metformin HCL 500mg	\$0.87	\$1.46
Methylprednisolone 4mg (21 for 6 days)	\$1.25	N/A
Metoprolol Succinate 25mg   <i>Generic for Toprol</i>	\$3.41	\$7.21
Montelukast Sodium 10mg   <i>Generic for Singulair</i>	\$5.13	\$11.11
Naproxen 500mg	\$0.87	\$1.46
Nasonex 50MCG	\$54.05	\$120.59
Olopatadome HCL 0.6%   <i>Generic for Patanase</i>	\$39.33	N/A
Oxybutynin Chloride 5mg	\$5.38	\$11.68
Pantoprazole Sodium 40mg   <i>Generic for Protonix</i>	\$2.65	\$5.49
Piroxicam 20mg   <i>Generic for Feldene</i>	\$10.75	\$23.86
Prednisone 50mg	\$0.58	N/A
Proair HFA 90MCG	\$12.70	\$27.94
Promethazine HCL 25 mg	\$20.93	N/A
Pulmicort Flexhaler 180MCG	\$46.50	\$103.67
Ranitidine HCL 150mg	\$1.07	\$1.92
Risedronate Sodium 35mg   <i>Generic for Actonel</i>	\$43.59	\$111.36
Risperidone 1mg	\$1.45	\$2.78
Salsalate 500mg	\$18.16	\$92.11
Sertraline HCL - 50-100mg   <i>Generic for Zoloft</i>	\$0.97	\$1.68
Simcor 500mg- 20mg	\$34.05	\$75.78
Simvastatin 20mg   <i>Generic for Zocor</i>	\$0.80	\$1.31
Spiriva 18MCG	\$78.93	\$176.32
Tamsulosin HCL 0.4mg   <i>Generic for Flomax</i>	\$3.73	\$7.95
Tramadol HCL 50mg	\$1.13	\$2.05
Venlafaxine HCL ER 75mg   <i>Generic for Effexor</i>	\$22.26	\$56.59
Vytorin 10-10 mg	\$58.66	\$130.90
Zolpidem Tartrate 12.5 mg   <i>Generic for Ambien CR</i>	\$16.27	N/A

**\* This should be used only as an estimate of the member's potential cost.**

If you use injectable medications, the plan provides a \$1,000 per member per calendar year out-of-pocket maximum. Once the \$1,000 out-of-pocket maximum is met, all in-network injectable medications will be paid by the Plan at 100%.