



TeamCare ... Offers Low-Cost Prescription Benefits



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.

For your short-term prescriptions, you can fill at any in-network local pharmacy through the nationwide network of 68,000 participating pharmacies, including more than 20,000 independent community pharmacies. For long-term prescriptions, you can either use CVS/caremark mail service or the Maintenance Choice program at any CVS/pharmacy or Target store. CVS/specialty pharmacy 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 is an example of your 30-day supply costs for one of the most commonly prescribed drugs:

- Levothyroxine Sodium 0.125 mcg (Generic for Synthroid) a thyroid drug and your co-pay for a **30-day** supply would be around **\$1.59**.

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



Please Note:

Walmart and Sam's Club is excluded from network



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 pharmacy or have a 90-day supply mailed directly to your home.

Here is an example of your 90-day supply costs for one of the most commonly prescribed drugs:

- Levothyroxine Sodium 0.125 mcg (Generic for Synthroid) a thyroid and your co-pay for a **90-day** supply would be around **\$2.48**.



If a generic equivalent is available, you must take the generic or be responsible for the cost difference. Some medical exceptions apply, but they must be approved by TeamCare in order to avoid paying a higher cost for your medications.

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** or by contacting CVS/caremark.

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, 2022 and are subject to change. *This should be used only as an estimate of the member's potential cost.*

PRESCRIPTION	30 DAYS	90 DAYS
Advair Diskus Inh 100/50 mcg	\$55.67	\$133.39
Albuterol Sulfate .083 Neb	\$0.79 for 7 days	\$5.79
Allopurinol 100 mg	N/A	\$0.45
Alprazolam 0.5 mg	\$0.08	\$0.07
Amlodipine Besylate 5 mg <i>(Generic for Norvasc)</i>	\$0.84	\$1.33
Amlodipine Besylate/Benzep 5-10 mg <i>(Generic for Lotrel)</i>	N/A	\$0.67
Amlodipine Besylate/Benzep 5-20 mg <i>(Generic for Lotrel)</i>	N/A	\$9.31
Amoxicillin/clavulanate P 250-125 Tablet	\$13.54	\$21.64
Amoxicillin 500 mg	\$0.19 for 7 days	N/A
Atenolol 50 mg	\$0.33	\$0.45
Atorvastatin Calcium 10 mg <i>(Generic for Lipitor)</i>	\$0.00	\$0.00
Azelastine HCL 137 mcg <i>(Generic for Astelin)</i>	\$21.76	\$34.75
Azithromycin 250 mg	\$0.24 for 5 days	\$1.58
Bisoprolol Fumarate/HCTZ 2.5-6.25 mg	N/A	\$3.57
Budesonide 32 mcg <i>(Generic for Rhinocor Aqua)</i>	\$24.50	N/A
Bisoprolol Fumarate/hydro 2.5/6.25 Tablet <i>(Generic for Wellbutrin XL)</i>	N/A	\$3.57
Bupropion Hydrochloride E 150mg Table <i>(Generic for Xanax)</i>	\$32.56	\$53.49
Celecoxib 50 mg <i>(Generic for Celebrex)</i>	\$37.70	\$12.84
Celecoxib 200 mg <i>(Generic for Celebrex)</i>	\$15.99	\$25.90
Cephalexin 500 mg	\$0.39	\$0.59
Ciprofloxacin 500 mg	\$0.21 for 7 days	N/A
Citalopram 20 mg	\$0.79	\$1.16
Clarithromycin 500 mg	\$1.54 for 7 days	N/A
Clonazepam 0.5 mg	\$9.56	N/A
Clopidogrel 75 mg <i>(Generic for Plavix)</i>	\$4.21	\$6.76
Cyclobenzapril 10 mg	\$0.12	\$0.12
Dexmethylphenidate Er 15 mg <i>(Generic for Focalin XR)</i>	\$13.13	N/A
Dextroamphetamine-Er 15 mg <i>(Generic for Adderall XR)</i>	\$26.20	\$84.45
Divalproex Sdm 500 mg <i>(Generic for Depakote)</i>	\$3.87	\$6.17
Doxazosin Mesylate 8 mg	N/A	\$6.78
Duloxetine HCL 60 mg <i>(Generic for Cymbalta)</i>	\$5.29	N/A
Epipen 0.3 mg-2 pk for 30 days	\$150.10	\$108.28
Escitalopram Oxlate 10 mg <i>(Generic for Lexapro)</i>	\$7.54	\$12.18
Esomeprazole Magnesium 20 mg <i>(Generic for Nexium)</i>	N/A	\$55.38
Estradiol .075 mg <i>(Generic for Climara)</i>	N/A	\$24.32 for 84 days
Fenofibrate 48 mg <i>(Generic for Tricor)</i>	N/A	\$11.84

PRESCRIPTION	30 DAYS	90 DAYS
Fenofibrate 145mg <i>(Generic for Tricor)</i>	\$21.89	\$35.48
Fluoxetine HCL 20 mg <i>(Generic for Prozac)</i>	\$0.72	\$1.10
Fluticasone Propionate Pro 50 mcg	\$0.71	\$1.06
Gianvi <i>(Generic for Yaz)</i>	\$0.00	\$0.00 for 84 days
Ibandronate Sodium 150 mg <i>(Generic for Boniva)</i>	N/A	\$14.65
Ibuprofen 800 mg	\$0.45	N/A
Indomethacin 50 mg	\$1.69	N/A
Ipratropium Bromide 0.03% Spr	\$4.23	\$2.22 for 44 days
Lansoprazole 30 mg	\$10.81	\$17.48
Levalbuterol Tartrate Hfa	\$11.26	\$27.13 for 50 days
Levetiracetam 500 mg <i>(Generic for Keppra)</i>	\$11.02	\$17.78
Levothyroxine Sodium 0.125 mcg <i>(Generic for Synthroid)</i>	\$1.59	\$2.48
Lisinopril 10 mg	N/A	\$0.44
Lorazepam 0.5 mg	\$0.11	\$0.11
Meloxicam 15 mg	\$0.15	\$0.18
Metformin HCL 500 mg	\$0.81	\$0.62
Methylprednisolone 4 mg (21 for 6 days)	\$1.36 for 6 days	N/A
Metoprolol Succinate 25 mg <i>(Generic for Toprol)</i>	N/A	\$5.21
Montelukast Sodium 10 mg <i>(Generic for Singulair)</i>	N/A	\$7.59
Olopatadine HCL 0.6% <i>(Generic for Patanase)</i>	\$16.37	\$39.75
Omeprazole 40 mg	\$4.57	\$7.35
Olmesartan Medoxomil 20 mg	N/A	\$15.48
Oxybutynin Chloride 5 mg	N/A	\$4.21
Pantoprazole Sodium 40 mg <i>(Generic for Protonix)</i>	\$3.80	\$6.11
Piroxicam 20 mg <i>(Generic for Feldene)</i>	\$3.27	\$5.19
Prednisone 50 mg	\$0.29 for 5 days	N/A
Promethazine HCL 25 mg	\$0.58 for 3 days	N/A
Pulmicort 90 mcg Inh	\$47.34	\$102.40
Risedronate Sodium 35 mg <i>(Generic for Actonel)</i>	N/A	\$36.11 for 84 days
Risperidone 1mg	\$1.22	N/A
Sertraline HCL - 50 mg <i>(Generic for Zoloft)</i>	\$0.90	\$1.40
Simcor 750-20mg Tablet	\$47.95	N/A
Simvastatin 20 mg <i>(Generic for Zocor)</i>	\$0.00	\$0.00
Spiriva 18 mcg	\$112.61	\$200.00
Tamsulosin HCL 0.4 mg <i>(Generic for Flomax)</i>	\$2.20	\$3.51
Tramadol HCL 50 mg	\$0.19	N/A
Venlafaxine HCL ER 75 mg <i>(Generic for Effexor)</i>	\$2.70	\$4.31
Zolpidem Tartrate 12.5 mg <i>(Generic for Ambien CR)</i>	\$1.48	\$2.27

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 TeamCare at 100%.

