

Prescription Drug Coverage

If you enroll in one of the City of Dallas medical plans, you will automatically receive prescription drug coverage through CVS/Caremark. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

Medications taken for temporary conditions can be filled at network pharmacies. You may receive up to a 31-day supply of medication through this program.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis (maintenance medications). When you use the mail order program, you typically receive a 3-month supply of medication. Your medications are mailed directly to your home.

To sign up for the mail order program, call *FastStart* at 800-875-0867 or register online:

- Log in to www.caremark.com
- Select *Start a New Prescription*
- Click on *FastStart*

Generic Step Therapy

For certain high-cost prescription drugs, you may need to try two alternative, generic medications first before “stepping up” to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

Dispense As Written Penalty

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money! They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.

Specialty Drug Formulary Prescriptions

Certain specialty drug formulary prescriptions — medications used to treat complex conditions like cancer, multiple sclerosis, and autoimmune disorders — must be filled with a drug on CVS/Caremark’s approved list. If you choose to fill your prescription with a drug on the “excluded” list, you will be required to pay the full cost of that drug.

What You Pay

	EPO 70/30	EPO 75/25 with HRA
Annual Prescription Drug Deductible	\$750 Individual	N/A
Retail (31-day supply)		
Generic	10% (\$10 minimum)	10%
Preferred Brand-Name	25% (\$25 minimum)	25%
Non-Preferred Brand-Name	40% (\$40 minimum)	40%
Mail Order (90-day supply)		
Generic	10% (\$10 minimum)	10%
Preferred Brand-Name	25% (\$25 minimum)	25%
Non-Preferred Brand-Name	40% (\$40 minimum)	40%