

Generic Savings policy



Select generics to save money

Did you know that many of the popular brand-name medications you see advertised have a generic equivalent? These generic drugs have the same chemical structure, safety and effectiveness as their brand-name counterparts, but they can cost up to 60% less. The Food and Drug Administration ensures brand-name and generic medications meet the same quality standards.

We want to help you stretch your health care dollars by encouraging you to choose generics at the pharmacy whenever possible. This guide explains the impact on your wallet if you elect to fill your prescription with a brand-name drug when there's a generic option available.

Our policy on choosing brand-name versus generic medications

The Generic Savings policy tells you what you will pay if you choose a brand-name prescription medication when a generic equivalent medication is available. If you make that choice:

- You are responsible for paying the difference in cost between the two medications at the time of purchase.
- The difference in cost does not count toward your deductible or maximum coinsurance if you are on a Preferred Provider Organization (PPO) plan.
- You will also have to pay the applicable copay and/or coinsurance, but you will not pay more than the full retail cost of the brand-name medication.

Here's an example of how it works

You fill a prescription for a brand-name medication that costs \$85. There is a generic equivalent that costs only \$7. The difference in cost between these medications is \$78. You must pay \$78 plus the required copay. The amount you pay will not exceed the full retail cost of \$85.



The bottom line: You could have saved a lot of money by choosing the generic option. Under many plans, it would only cost \$5. That's a savings of \$80 for just one prescription!



Questions?

Call the Customer Service number on your member ID card.



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