
Prescription Drug Benefits

Notification of Changes to Your Medicare-Coordinating Plans Member Handbook
Prescription Drug Benefits Insert
Effective January 1, 2010

*Commonwealth of Virginia Retiree Health Benefits Program
Department of Human Resource Management*

On the above effective date the following changes become part of your Prescription Drug Benefits Insert. Keep this Notification with your Member Handbook and Prescription Drug Benefits Insert. You also may access these documents on-line at:

- Department of Human Resource Management at www.dhrm.virginia.gov

1. Under Outpatient Prescription Drug Plan Administration/Customer Service, the Customer Service information is amended as follows:

Medco Medicare Prescription Plan
Medco Health Solutions, Inc.
P.O. Box 14570
Lexington, KY 40512
800-572-4098
Fax: 888-235-8551
TTY/TDD: 800-716-3231

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2. Under Program Administration, the E-mail address is amended as follows:

ohb@dhrm.virginia.gov.

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3. Deductible is amended as follows:

A \$310 plan year (January 1-December 31) deductible will apply to all Covered Drugs except Generics. There will be no deductible for covered Generics. This means that participants must pay the first \$310 of actual drug cost for covered Brand Name Drugs. Once the deductible has been met, the applicable copayment or coinsurance will apply.

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4. Catastrophic Coverage is amended as follows:

After Your annual true out-of-pocket drug expense (including Your deductible, copayments and coinsurance for Covered Drugs but not including the cost of non-covered or excluded drugs) reaches \$4,550, You will pay either a \$2.50 (covered generics or drugs treated as generics) or \$6.30 (covered brand-name drugs) copayment or 5% coinsurance, whichever is greater. For any month during which You use Your coverage, You will receive an Explanation of Benefits directly from Medco which will track Your covered drug costs.

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