Your benefit at a glance



Express Scripts Prescription Drug Benefit For The State of New Mexico – January to December 2018

	Retail (30-day supply)	Mail Order (90-day supply)
Out of Pocket	\$3,500 single / \$10,500 family (accumulated with Medical OOP towards annual max)	
Deductible**	\$50 Individual / \$100 Family only on Non-Generics (applies to Medical annual OOP Max)	
Generic	\$6	\$17
Brand (Preferred)	30% (\$35 min / \$95 max)	\$120
Brand (Non-Preferred)	40% (\$60 min / \$130 max)	\$155
Specialty Medications (30 day supply) - must move to mail order after 2 fills at retail	\$60 Generic	\$60 Generic
	\$85 Preferred Brand	\$85 Preferred Brand
	\$125 Non-preferred Brand	\$125 Non-preferred Brand

^{**} **Deductible - For Single/Individual coverage**, a one-time \$50 deductible will be charged on the first fill of a non-generic medication at retail or mail order. The \$50 deductible will apply toward the total medical OOP maximum. Once that \$50 deductible is met, there will be no further deductible charged on any individual claim for the remainder of the plan year.

Saving with Home Delivery

Use Express Scripts home delivery pharmacy to fill your maintenance medications (those prescription drugs you take regularly to treat an ongoing condition). We deliver up to a 90-day supply to you with free standard shipping. Three retail fills are allowed on maintenance medications before your copay will increase to the mail order copays shown above (for a 30 day supply).

Saving with Generics

FDA-approved generics are as safe and effective as their brand-name counterparts. If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can fill through your prescription benefit.

Home Delivery... it's quick and easy

call us and we will contact your doctor to get a new 90-day prescription or have your doctor fax it to us.

Manage your prescription online and on the go	Register at express-scripts.com	Download the Express Scripts Mobile App
Receive Prescription Reminders	✓	✓
Search for lower cost options using My Rx Choices	✓	✓
Receive Prescription and Drug Interaction Alerts	✓	✓
Show your virtual ID card at a retail pharmacy		✓
Contact a pharmacist	✓	
Check your coverage, claims and balances	✓	
Print claim forms, order forms and fax forms	✓	

^{**} Deductible - For Family coverage, or single + child(ren), a one-time \$100 deductible will be charged on the first fill of a non-generic medication at retail or mail order. The \$100 deductible will apply toward the total medical OOP maximum. Once that \$100 deductible is met, there will be no further deductible charged on any individual claim for the remainder of the plan year.

^{***}Product Selection Cost - If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.