



AT THE HEART OF HEALTH™

**Your State of Delaware prescription drug co-payments,
beginning July 1, 2009**

	At a participating retail pharmacy		Through a participating 90-day retail network or Medco By Mail	
	Up to a 30-day supply		Up to a 90-day supply	Annual estimated savings for a 90-day supply†
	Co-payment for first three purchases of any medication	Co-payment after the third purchase of a maintenance medication	Co-payment per fill	
Generic	\$8.50	\$17	\$17	\$34
Preferred brand-name *	\$20	\$40	\$40	\$80
Nonpreferred brand-name *	\$45	\$90	\$90	\$180

*If you purchase a brand-name drug when a generic equivalent is available, you will **pay your generic drug copayment, plus the difference in cost** between the brand-name and generic drugs.

† Savings for a 90-day supply of a maintenance drug at a participating 90-day retail pharmacy or Medco By Mail is based on comparison to three 30-day co-payments purchased after the fill limit is exceeded.

Medications, such as certain controlled substances or medications that are pre-packaged, are not available in a 90-day supply, and any current quantity or plan limits remain in effect.

IMPORTANT: You should continue to purchase *short-term drugs*, such as antibiotics, at a participating retail pharmacy. You will pay the standard retail co-payment for up to a 30-day supply.

