Detectives' Endowment Association Inc. (Active Members)

Your prescription copayments at a glance

Family Member Copayment Levels: The following copayment levels apply per family member until the Cap has reached $10,000 per calendar year on all drugs. Once the family has reached $10,000 in calendar year copay will be 50% for every drug filled per family member.

Type of Drug	Participating Pharmacy	Capital RX/ Costco Mail Order Pharmacy	Specialty Medications
Generic	$5.00	$5.00	Not Covered
Preferred Brand	25% Copay	25% Copay	Not Covered
Non-Preferred Brand	50% Copay	50% Copay	Not Covered
Asthma/Psychotropic Brand Name Drugs	45% Copay	45% Copay	Not Covered

- **Brands Name Drugs that have Generic Equivalent**: If you purchase a Brand Name medication that has an FDA approved Generic Equivalent you will be required to pay the Brand Name copay plus the cost difference between brand and generic.
- **Prior authorizations: When is a coverage review necessary:**
  Some medications are not covered unless you first receive approval through coverage review (Prior Authorization). This review uses plan-based rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe, and effective. If this is requested, your prescribing doctor will be required to reach out to Capital Rx and complete a prior authorization form providing required information.

Please Keep This Information For Your Records

If you have any questions once you start using your benefit.

Please contact Capital Rx 1-833-495-3364

Or DEA Health Benefits 212-587-9120