



## Detectives' Endowment Association Inc. (Retired Members)

Your prescription copayments at a glance

Retired Family Accounts have a \$20,000 yearly max of covered benefits for the family through calendar year from July 1<sup>st</sup>- June 30<sup>th</sup>. If this cap is reached, members or dependents will be responsible for 100% of cost of medications.

***There is a \$50 yearly deductible per person which must be met before below copay structure begins.***

Type of Drug	Participating Pharmacy	Capital RX/ Costco Mail Order Pharmacy	Specialty Medications
Generic	\$10.00	\$10.00	50% Copay
Preferred Brand	35% Copay	35% Copay	50% Copay
Non-Preferred Brand	40% Copay	40% Copay	50% Copay
Asthma/Psychotropic Brand Name Drugs	45% Copay	45% Copay	50% Copay

- **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 regarding your benefit,**

**Please contact Capital Rx 1-833-495-3364**

**Or DEA Health Benefits 212-587-9120**