

Can't afford
to pay for your
prescriptions?



CoverRx is good
news for you!

Prescription assistance you can afford! CoverRx offers individuals without pharmacy coverage access to affordable prescriptions. The generic formulary provides medications with reasonable co-pays. CoverRx is NOT insurance, so there are no premiums.

COVER+TENNESSEE

programs:

COVERTN
COVER+TENNESSEE

COVERKids
COVER+TENNESSEE

ACCESSTN
COVER+TENNESSEE

COVERRx
COVER+TENNESSEE

Cover Tennessee offers health insurance to uninsured individuals in Tennessee through three insurance programs and a pharmacy benefit program. CoverTN is an affordable and portable basic health insurance initiative for uninsured small businesses. Comprehensive insurance for children is provided through CoverKids and chronically ill adults and children are eligible for AccessTN. CoverRx is a statewide pharmacy benefit program designed to assist those who have no pharmacy coverage but have a need for medication. Please note that enrollment to new members in CoverTN is closed.

1-866-COVERTN

www.CoverTN.gov



317355
July 2011

COVERRx
COVER+TENNESSEE



Affordable
medications for
those without
pharmacy
coverage

1-866-COVERTN
WWW.COVERTN.GOV



COVERRx
COVER+TENNESSEE



What is Covered?

- ★ More than 250 generic drugs
- ★ Insulin and diabetic supplies
- ★ Discounts on non-covered drugs
- ★ Drugs for common diagnoses such as high cholesterol, high blood pressure, heart disease, anxiety, asthma, diabetes and acid reflux
- ★ Five prescriptions per month, excluding insulin and diabetic supplies

Who Qualifies?

- ★ Tennessee resident (6 months)
- ★ U.S. citizen or qualified legal alien
- ★ Household income at or below 250% federal poverty level (FPL)
- ★ Cannot have pharmacy coverage, such as TennCare or employee insurance
- ★ CoverRx members may participate in other discount drug programs, such as those offered by retail stores

Q & A

Q. Where can I find a complete list of the drugs covered by the program?

A. You can find the most current Tennessee CoverRx Covered Drug List at www.CoverTN.gov.

Q. How do I apply?

A. Download and complete a CoverRx application, available at www.CoverTN.gov or call 1-866-COVERTN and an application will be mailed to you.

When you have filled out your application, mail it to:

Tennessee CoverRx
Express Scripts Specialty Delivery Services, Inc.
P.O. Box 66979
St. Louis, MO 63166-6979

Q. When will I receive my CoverRx card?

A. You should receive your CoverRx card in the mail in about 2 weeks.

Q. What if my prescription is for brand name only?

A. Members may get a discount on non-covered drugs. In addition, there are a variety of prescription assistance programs available. One option for help with brand name drugs is the Dispensary of Hope. To learn more, call 1-888-428-HOPE or visit www.dispensaryofhope.org. More options can be found online in the FAQ section at www.CoverTN.gov.

CoverRx Co-Pays: Sliding Scale Based on Income

Persons in Household	Below FPL	FPL to 149% FPL	150% FPL to 250% FPL
1	\$10,889	\$10,890 - \$16,334	\$16,335 - \$27,225
2	\$14,709	\$14,710 - \$22,064	\$22,065 - \$36,775
3	\$18,529	\$18,530 - \$27,794	\$27,795 - \$46,325
4	\$22,349	\$22,350 - \$33,524	\$33,525 - \$55,875
5	\$26,169	\$26,170 - \$39,254	\$39,255 - \$65,425
6	\$29,989	\$29,990 - \$44,984	\$44,985 - \$74,975
7	\$33,809	\$33,810 - \$50,714	\$50,715 - \$84,525
8	\$37,629	\$37,630 - \$56,444	\$56,445 - \$94,075
Co-Pay Structure			
Generics: 30-day supply	\$3	\$5	\$8
Generics: 90-day supply*	\$3	\$10	\$16
Brand/Insulin/Diabetic Supplies: 30-day supply or up to covered limit	\$5	\$8	\$12
Drugs not on the CoverRx list and all prescriptions above the five prescription-per-month limit	Lesser of Discount, MAC or U&C**		

*A 90-day supply is not available for covered brand drugs, covered insulin or covered diabetic supplies. 90-day supplies available only through mail order and select retail pharmacies that have chosen to participate.

**Discount means a price reduction offered to participants for certain prescriptions.

**MAC means maximum allowable cost of a drug and is a drug reimbursement policy.

**U&C means usual and customary charges, which are amounts charged by healthcare providers.

2011 FPL effective 3/1/11

CoverRx provides the generic equivalents of the following popular brand-name drugs:

Cholesterol/Heart/Blood Pressure

- Zocor® (Simvastatin)
- Coreg® (Carvedilol)
- Norvasc® (Amlodipine)
- Prinivil, Zestril® (Lisinopril)
- Toprol XL® (Metoprolol Succinate Extended-Release)
- Pravachol® (Pravastatin)
- Inderal® (Propranolol)

Asthma

- ProAir HFA®*

Anxiety/Depression/Anticonvulsants

- Paxil® (Paroxetine)
- Zoloff® (Sertraline)
- Wellbutrin XL® (Bupropion XL)
- Neurontin® (Gabapentin)
- Celexa® (Citalopram)

Diabetes/Insulin

- Glucophage® (Metformin)
- Lantus®*
- Novolin®*
- NovoLog®*

Gastroesophageal Reflux

- Prilosec® (Omeprazole)

Antibiotics

- Amoxil® (Amoxicillin)
- Zithromax® (Azithromycin)
- Keflex® (Cephalexin)
- Cipro® (Ciprofloxacin)

Allergies

- Flonase® (Fluticasone)

*Covered Brand Drug
This is not a complete list

VISIT WWW.COVERTN.GOV FOR APPLICATIONS AND MORE INFORMATION OR CALL 1-866-COVERTN.