MY MEDICATION® ADVISOR

West Suburban Health Group
Harvard Pilgrim Savings Worksheet

SAVINGS WORKSHEET: Harvard Pilgrim EPO (HMO), PPO, and Medicare Enhanced plans

Use this worksheet to figure out how much money you will save if you purchase the maintenance medications for you and your covered dependents from CanaRx through the ***myMedicationAdvisor*® Program.** Follow these steps:

1. Check the ***myMedicationAdvisor*® Program** medication list to see whether your maintenance medications are less costly through this program. New medications will be added to the list each quarter (every three months), so you should check it regularly.

2. Fill in the charts below with the maintenance medications that you and your covered dependents take that are on the ***myMedicationAdvisor*® Program** medication list and your current prescription medication co-pays for these medications. There are separate lists for medications purchased at your local pharmacy and through your health plan's mail order pharmacy. Your current co-pay amounts for **30-day supplies at local retail** are **$5 for Tier 1**, **$10 for Tier 2**, and **$25 for Tier 3** drugs. Your current co-pay amounts for **mail order 90-day supplies** are **$10 for Tier 1**, **$20 for Tier 2**, and **$75 for Tier 3**. Unsure what Tier your drugs are? Call 1-888-333-4742 (TTY 1-800-637-8257) for Harvard Pilgrim member services, use the Harvard Pilgrim web site (www.harvardpilgrim.org), or check with your current pharmacist.

3. Calculate your savings using the formulas provided. Remember that your co-payments are waived if you purchase medications through the ***myMedicationAdvisor*® Program**. **In other words, the medications are FREE TO YOU through this program.**

MEDICATIONS PURCHASED AT THE LOCAL PHARMACY

Name of Medication	Co-payment for 30-day supply
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	$

MULTIPLY THE TOTAL $_____ x 12 = $_____ (TOTAL ONE: This is the total amount that you will save in co-payments **each year** for medications you now get at the local pharmacy if you transfer to the ***myMedicationAdvisor*® Program**.)

MEDICATIONS PURCHASED THROUGH MAIL ORDER

Name of Medication	Co-payment for 90-day supply
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	$

MULTIPLY THE TOTAL $_____ x 4 = $_____ (TOTAL TWO: This is the total amount that you will save in co-payments **each year** for medications you now get through mail order if you transfer to the ***myMedicationAdvisor*® Program**.)

TOTAL ONE $_____ + TOTAL TWO $_____ = $_____GRAND TOTAL: Adding these two annual totals together gives you the total amount you will save on your maintenance medications each year by using the ***myMedicationAdvisor*® Program**.