# Compass - Calculating the Co-Insurance Amount that the Member Would Pay for a Prescription

[Process](#_Toc192576722)

[Related Documents](#_Toc192576723)

**Description:**  Procedures necessary to accurately calculate the co-insurance amount that a member is responsible for when purchasing a prescription medication. It includes instructions on how to navigate through the members’ account and Benefits Tab to find relevant details, as well as performing a test claim to determine the precise costs involved.

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| Process |

Complete the following steps: “Step/Action” Table:

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| **Step** | **Action** |
| **1** | [Locate the members account (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114) and select the Benefits link from the Quick Actions panel on the Member Snapshot Landing Page.    **Result:** The Benefits Tab displays. |
| **2** | Scroll down the page to locate one of the following sections that corresponds to the layout of your Benefits Tab: Retail/Mail Claims - Brand Drugs, Retail/Mail Claims – Generic Drugs, or Member Cost Share. These sections outline the percentage or amount the member is responsible for paying for each prescription.  Depending on the client’s plan design, the view of the member’s Benefits will vary. Refer to Compass – Introduction to the Benefits Tab (050035) for more information.  **Benefits Tab Example 1:**    **Benefits Tab Example 2:** |
| **3** | Perform a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) on the medication to identify the Client Pay Cost Allowed and the Dispensing Fee amount.  **Example:** Based on the copay structure from Step 2; Benefits Tab Example 1 - A brand name medication filled through mail order (see image below).  Cost allowed ($877.42) + dispensing fee ($0) = Total Cost Allowed ($877.42). Total Cost Allowed x20% = Participant Cost ($175.48). Because 20% is more than the Copay Maximum of $25 for brand medications filled through mail order, the copay will just be $25 instead of $175.48.    **Example:** Based on the copay structure from Step 2; Benefits Tab Example 1 - Same brand name medication but filled through a retail pharmacy (see image below).  Cost allowed ($294.29) + dispensing fee ($0.20) = Total Cost Allowed ($294.49). Total Cost Allowed x25% =($73.62). Because $73.62 is more than the Copay Minimum of $10 and there is no Copay Maximum for retail claims, the member will pay $73.62. |

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Compass – Viewing the Client Financials Screen (065175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3418058a-1e7c-47f8-8071-99a07902d3ea)

[Compass – Determining the Reason for Contracted Medication Price Changes (067612)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c559e3ac-63d0-46b5-a6e4-7b4f205c60c6)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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