

District 49/CDBOCES

Effective January 1, 2018

PPO Plan

	1-30 Day Supply Retail	90 Day Supply Mail
Generic Medications	\$ 10	\$ 20
Preferred Brand Medications	\$ 50	\$ 100
Non-Preferred Brand Medications	\$ 70	\$ 140
Specialty Medications	20% (Max of \$250 per claim)	

Maximum Out of Pocket (MOOP): \$3,500 Individual/\$7,000 Family

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

HSA Plan

	1-30 Day Supply Retail	90 Day Supply Mail
Generic and Brand Medications	10% coinsurance	10% coinsurance

Deductible: \$2,000 Individual/\$4,000 Family

Maximum Out of Pocket (MOOP): \$4,000 Individual/\$6,850 Family

The calendar year deductible applies to pharmacy and medical. One member or any combination of family members can meet the family deductible. Once met, your covered prescriptions are subject to the coinsurance above. The deductible applies to the MOOP. The calendar year Maximum Out of Pocket applies to pharmacy and medical. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

The medications on the ESI HDHP Preventative Therapy List will bypass the deductible and are subject to the above copays.

Specialty Medications: Specialty medications are limited to 30 day supply and must be ordered from Express Scripts at 1-800-803-2523. Specialty medications require prior authorization and quantity limits may apply.

Generic Policy: If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand co-pay plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

DRUGS COVERED**

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- Compounded medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- Contraceptives: Oral, transdermal, intravaginal, implantable devices, injectable, diaphragms, IUD's and extended cycle products
- ADD/ADHD Medications

For Prescription Drug Card Member Services Call RxBenefits at 1-800-334-8134
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DRUGS COVERED(continued)**

- Androgens and Anabolic Steroids (prior authorization required)
- Topical Acne Medications (prior authorization required over age 30)
- Impotency Medications (quantity limits apply)
- Narcolepsy Medications (prior authorization required)
- Growth Hormones (prior authorization required)
- Migraine medications (quantity limits apply)
- Hypnotics (quantity limits apply)
- Pain/Narcotics (quantity limits apply)
- Gastrointestinal-Antiemetics (quantity limits apply)
- Prescription Vitamins
- Prescription and OTC smoking cessation (two 12 week programs per plan year); OTC requires prescription

EXCLUSIONS**

- Biologicals, Vaccines, Immunization Agents
- Blood Products and Serums
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Anti-obesity/Appetite Suppression medications
- Infertility Medications
- Topical Analgesic Pain Patches
- Nutritional Supplements
- Formulary Exclusion List
- OTC Products unless notes above
- Therapeutic devices or appliances unless listed as a covered product.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a physician's office, licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Patient assistance programs may not apply to deductible and out of pocket accumulations.

****This is not an inclusive list but is a representation of the most commonly used medications. Contact member services for specific drug coverage information.**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Express-Scripts.com to check drug costs and coverage.