

## Benefit highlights: retail

### When to Use

The most efficient way to use your retail pharmacy benefit is to present your member I.D. card at a participating retail pharmacy. Your retail plan should be used for medications required on a short-term basis. When you have a prescription filled at a participating pharmacy, present your member I.D. card to the pharmacist, who will use an automated system to verify your coverage and prescription cost.

### Consumer-Directed Health (CDH) Plan

About your consumer-directed health plan (CDHP)

With this plan, you will be enrolled in a consumer-directed health plan, which provides medical and prescription coverage. Your CDHP also includes a deductible (the amount that you and your dependents pay for healthcare services before your plan's coverage takes effect).

For questions about your medical benefit, please call the number on the back of your medical ID Card.

Deductible:

Individual: \$3000      Family: \$6000

See Deductible section for additional information.

Out-of-pocket maximum:

Individual: \$6000      Family: \$12000

See Out-of-pocket section for additional information.

Preventive medications: To promote good health and help prevent the need for costly care, eligible preventive medications are available before you have met the deductible at a copay.

For all other eligible care, there are three phases:

1. Deductible phase: In this phase, you pay 100% of your eligible expenses until you meet your annual combined medical and prescription drug deductible.
2. Co-payment/coinsurance phase: If you have met your annual deductible, you pay only the co-payment or coinsurance amount until you reach your annual combined medical and prescription drug out-of-pocket maximum. This protects you financially by limiting the amount you would pay in the event of a catastrophic illness.
3. 100% coverage phase: If you have reached your out-of-pocket maximum for the year, you pay nothing more and your plan pays 100% for additional medical and prescription drug expenses for the remainder of the benefit year.

### Deductible

A deductible is the amount you must pay before your plan sponsor begins paying for a portion of your medical claims and prescription costs.

- For an individual, the deductible for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$3000 every year.
- For your family, the deductible for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$6000 every year.
- Your Deductible starts over every year beginning on January 01.

If there is single coverage, then the individual must satisfy the single deductible before they qualify for benefits. If there is family coverage, then there is no individual deductible - only the family deductible applies. When the deductible amounts paid by all family members are added together, if the family deductible is satisfied, then the entire family will qualify for benefits.

### **Co-payment/Coinsurance**

You pay a copay for eligible preventive medications, not subject to the deductible. If you have met your deductible, you pay only coinsurance / co-payment amounts for other covered medications.

Certain medications are subject to refill limitations at retail network pharmacies. You may pay a higher cost up to the total cost of the medication unless you switch to mail.

Different co-payments may apply for certain medications.

For brand-name medications:

- Your co-payment is 25.00% of the medication's total cost.

For generic medications:

- Your co-payment is 25.00% of the medication's total cost.

For brand-name medications when a generic is available:

- Your co-payment is 25.00% of the medication's total cost.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available, your co-payment will be equal to your brand co-payment plus the difference in price between the brand-name medication and its generic equivalent.

### **Days Supply**

At retail pharmacies, you may purchase up to a 30-day supply of most prescription medications. There may be limitations on some prescriptions, such as controlled medications, subject to state and federal dispensing limitations.

### **Out-Of-Pocket**

Your out-of-pocket expense is the maximum amount you will pay before your plan sponsor reduces your co-payments.

- For an individual, the out-of-pocket maximum for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$6000 every year.
- For your family, the out-of-pocket maximum for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$12000 every year.
- Your out-of-pocket starts over every year beginning on January 01.

Deductibles, if applicable and co-payments are applied to the out-of-pocket maximum. Once this maximum is met, your co-payment will change. The out-of-pocket applies to all preferred and non-preferred medications.

## Benefit highlights: mail order

### When to Use

The most efficient way to fill prescriptions that you take for long-term or chronic conditions is through the Mail Order Service.

### Consumer-Directed Health (CDH) Plan

About your consumer-directed health plan (CDHP)

With this plan, you will be enrolled in a consumer-directed health plan, which provides medical and prescription coverage. Your CDHP also includes a deductible (the amount that you and your dependents pay for healthcare services before your plan's coverage takes effect).

For questions about your medical benefit, please call the number on the back of your medical ID Card.

Deductible:

Individual: \$3000      Family: \$6000

See Deductible section for additional information.

Out-of-pocket maximum:

Individual: \$6000      Family: \$12000

See Out-of-pocket section for additional information.

Preventive medications: To promote good health and help prevent the need for costly care, eligible preventive medications are available before you have met the deductible at a copay.

For all other eligible care, there are three phases:

1. Deductible phase: In this phase, you pay 100% of your eligible expenses until you meet your annual combined medical and prescription drug deductible.
2. Co-payment/coinsurance phase: If you have met your annual deductible, you pay only the co-payment or coinsurance amount until you reach your annual combined medical and prescription drug out-of-pocket maximum. This protects you financially

by limiting the amount you would pay in the event of a catastrophic illness.

3. 100% coverage phase: If you have reached your out-of-pocket maximum for the year, you pay nothing more and your plan pays 100% for additional medical and prescription drug expenses for the remainder of the benefit year.

## **Deductible**

A deductible is the amount you must pay before your plan sponsor begins paying for a portion of your medical claims and prescription costs.

- For an individual, the deductible for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$3000 every year.
- For your family, the deductible for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$6000 every year.
- Your Deductible starts over every year beginning on January 01.

If there is single coverage, then the individual must satisfy the single deductible before they qualify for benefits. If there is family coverage, then there is no individual deductible - only the family deductible applies. When the deductible amounts paid by all family members are added together, if the family deductible is satisfied, then the entire family will qualify for benefits.

## **Co-payment/Coinsurance**

You pay a copay for eligible preventive medications, not subject to the deductible. If you have met your deductible, you pay only coinsurance / co-payment amounts for other covered medications.

Different co-payments may apply for certain medications.

For brand-name medications:

- Your co-payment is 25.00% of the medication's total cost.

For generic medications:

- Your co-payment is 25.00% of the medication's total cost.

For brand-name medications when a generic is available:

- Your co-payment is 25.00% of the medication's total cost.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available, your co-payment will be equal to your brand-name co-payment plus the difference in price between the brand-name medication and its generic equivalent.

## **Days Supply**

Through the Mail Order Service, you can purchase up to a 90-day supply of most prescription medications. There may be limitations on some prescriptions, such as

controlled medications, subject to state and federal dispensing limitations.

### Out-Of-Pocket

Your out-of-pocket expense is the maximum amount you will pay before your plan sponsor reduces your co-payments.

- For an individual, the out-of-pocket maximum for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$6000 every year.
- For your family, the out-of-pocket maximum for medical claims and for prescriptions filled either at retail pharmacies or through mail order is \$12000 every year.
- Your out-of-pocket starts over every year beginning on January 01.

Deductibles, if applicable and co-payments are applied to the out-of-pocket maximum. Once this maximum is met, your co-payment will change.

The out-of-pocket applies to all preferred and non-preferred medications.

## Benefit highlights: Specialty Pharmacies

### Specialty Pharmacies

Some prescription drugs are called "specialty medications". Specialty medications usually have to be stored or handled in special ways and you may not be able to get them from most pharmacies. People take specialty medications for complex, chronic health conditions like Multiple Sclerosis or Rheumatoid Arthritis. If you're taking a specialty medication, there are services available for you through our specialty pharmacy at no additional charge:

- You can **order refills and check the status of your specialty medication orders anytime online.**
- You have access to our **complete specialty pharmacy inventory** with medications that may not be readily available at other pharmacies.
- Your specialty medications are delivered directly to you or your doctor, as allowed by applicable law.
- You receive the **supplies you need** to administer your medications.
- Our clinically based **care management programs** - which include consultation with your doctor - help you get the most benefit from the medications that your doctor has prescribed for you.
- Our highly trained **Patient Care Advocates work closely with you**, your physician and your health plan. obtaining prior authorizations. coordinating

billing and even contacting you when it's time to refill your prescription.

This information is intended to serve as a general overview of your plan sponsor's prescription benefit program. Please note that the terms of your prescription benefit are subject to change. Please consult your plan sponsor for complete information.

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