

Imperial County Schools Voluntary Employees Benefits Association Effective January 1, 2018

COMPREHENSIVE PPO

	<u>1-30 Day Supply Retail</u>	<u>90 Day Supply Mail</u>
Generic Medications	\$ 5	\$ 5
Preferred Brand Medications	\$ 25	\$ 25
Non-Preferred Brand Medications	\$ 55	\$ 55
Specialty Medications*	20% coins (\$1,000 max/year)	N/A

Maximum Out of Pocket (MOOP): \$3,000 Individual/\$9,000 Family

The calendar year MOOP applies to pharmacy and medical. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%.

BASIC PPO

	<u>1-30 Day Supply Retail</u>	<u>90 Day Supply Mail</u>
Generic Medications	\$ 5	\$ 5
Preferred Brand Medications	\$ 25	\$ 25
Non-Preferred Brand Medications	\$ 55	\$ 55
Specialty Medications*	20% coins (\$1,000 max/year)	N/A

Maximum Out of Pocket (MOOP): \$6,600 Individual/\$13,200 Family

The calendar year MOOP applies to pharmacy and medical. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%.

BRONZE PLAN

	<u>1-30 Day Supply Retail</u>	<u>90 Day Supply Mail</u>
Generic Medications	\$ 5	\$ 5
Preferred Brand Medications	\$ 25	\$ 25
Non-Preferred Brand Medications	\$ 55	\$ 55
Specialty Medications*	20% coins (\$1,000 max/year)	N/A

Maximum Out of Pocket (MOOP): \$6,350 Individual/\$12,700 Family

The calendar year MOOP applies to pharmacy and medical. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%.

COB PLAN

	<u>1-30 Day Supply Retail</u>	<u>90 Day Supply Mail</u>
Generic Medications	\$ 5	\$ 5
Preferred Brand Medications	\$ 25	\$ 25
Non-Preferred Brand Medications	\$ 55	\$ 55
Specialty Medications*	20% coins (\$1,000 max/year)	N/A

***Specialty Medications:** Specialty medications are limited to 30-day supply and must be ordered from Express Scripts / Accredo Pharmacy at 1-800-803-2523. Specialty medications may require prior authorization and quantity limits may apply. Once the \$1,000 maximum is met there will be no charge for specialty medications for the remainder of the calendar year.

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

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- Compounded medication of which at least one ingredient is a legend drug (prior authorization may be required)
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, diaphragms, implantable devices, IUD's, injectable and extended cycle products
- Androgens/Testosterone (quantity limits apply)
- Anabolic Steroids (prior authorization required)
- Anti-obesity/Appetite Suppression medications (prior authorization required)
- Topical Acne Medications (prior authorization required over age 25)
- Growth Hormones (prior authorization required)
- Impotency Agents (quantity limits apply and/or prior authorization may be required)
- Migraine medications (quantity limits apply)
- Influenza Agents (quantity limits apply)
- Narcolepsy Medications (prior authorization required)
- Pain/Narcotics (quantity limits apply)
- Prenatal Vitamins
- Prescription and OTC smoking cessation (two 12 week programs per plan year, must be 18 or over); OTC requires prescription

EXCLUSIONS**

- Biologicals, Blood Products, Serums, Vaccines, and Immunization Agents
- 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
- Nutritional Supplements
- Infertility Medications
- Topical Analgesic Pain Patches
- Vitamins unless noted above
- OTC Products unless noted above
- Therapeutic devices or appliances unless listed as a covered product. New to market drugs, including line extensions and new strengths until clinically reviewed
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- 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.

****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.