

**PRESCRIPTION DRUG BENEFIT: BASIC PLAN**

COVERED EXPENSES and PROVISIONS	In-Network	Out-of-Network
	<p><b>Prescription Drug Card Benefit</b> (up to 34-day supply per prescription through participating pharmacies) and <b>Mail-Order Drug Benefit</b> (up to 90-day supply per prescription through mail order).</p> <p>No coverage will be provided for Lifestyle Medications, or PPIs (Proton Pump Inhibitors).</p>	

**Contraception and contraceptive counseling** - This Plan includes coverage for several types of contraceptives. Generic hormonal and emergency oral contraceptives, diaphragms and the Mirena IUD will be covered at no cost to you as the plan participant. Other contraceptives will remain covered at the plan’s standard co-pays. For additional information about your contraceptive benefits, including the applicable co-pay for a medication, please contact Express Scripts toll free at 1-866-275-0044 or online at [www.express-scripts.com](http://www.express-scripts.com).

## **PRESCRIPTION DRUG BENEFIT: ACCESS PLUS PLAN**

<b>COVERED EXPENSES and PROVISIONS</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<p><b>Prescription Drug Card Benefit</b> (<i>up to 34-day supply through participating pharmacies</i>)  <u>Deductible does not apply</u> - see pages 15-16 for covered drugs and special considerations.</p> <p><b>Note:</b> <i>Maintenance drugs must be filled through Mail Order after 3 pharmacy fills</i></p>	<ul style="list-style-type: none"> <li>• Generic Drugs - \$10 co-pay per prescription or refill; then 100%</li> <li>• Formulary Brand Name Drugs - \$30 co-pay per prescription or refill; then 100%</li> <li>• Non Formulary Brand Name Drugs - \$55 co-pay per prescription or refill; then 100%</li> <li>• Specialty medication drugs- \$75 co-pay per prescription or refill; then 100%.</li> </ul>	<ul style="list-style-type: none"> <li>• Generic Drugs - \$10 co-pay per prescription or refill; then 100%</li> <li>• Formulary Brand Name Drugs - \$30 co-pay per prescription or refill; then 100%</li> <li>• Non Formulary Brand Name Drugs - \$55 co-pay per prescription or refill; then 100%</li> <li>• Specialty medication drugs- \$75 co-pay per prescription or refill; then 100%.</li> </ul>
<p><b>Mail Order Drug Benefit</b> (<i>up to 90-day supply through Mail Order vendor</i>)  <u>Deductible does not apply</u> – see page 16</p>	<ul style="list-style-type: none"> <li>• Generic Drugs - \$20 co-pay per prescription or refill; then 100%</li> <li>• Formulary Brand Name Drugs - \$60 co-pay per prescription or refill; then 100%</li> <li>• Non Formulary Brand Name Drugs- \$110 co-pay per prescription or refill; then 100%</li> <li>• Specialty medication drugs- \$150 co-pay per prescription or refill; then 100%.</li> </ul>	<ul style="list-style-type: none"> <li>• Generic Drugs - \$20 co-pay per prescription or refill; then 100%</li> <li>• Formulary Brand Name Drugs - \$60 co-pay per prescription or refill; then 100%</li> <li>• Non Formulary Brand Name Drugs- \$110 co-pay per prescription or refill; then 100%</li> <li>• Specialty medication drugs- \$150 co-pay per prescription or refill; then 100%.</li> </ul>
<p><b>Penalty for purchasing non-Generic when Generic Drug is Available</b></p>	<p>For both the Drug Card and Mail Order Drug benefit, if a Covered Person purchases a brand name medication when a generic is available, then, in addition to the brand co-pay, he must also pay the difference in price between the generic and brand medication.</p>	

**Contraception and contraceptive counseling** - The Northern Buckeye Health Plan includes coverage for several types of contraceptives. Generic hormonal and emergency oral contraceptives, diaphragms and the Mirena IUD will be covered at no cost to you as the plan participant. Brand and Non-Formulary contraceptives will remain not covered. For additional information about your contraceptive benefits, including the applicable copay for a medication, please contact Express Scripts toll free at 1-866-275-0044 or online at [www.express-scripts.com](http://www.express-scripts.com).

## **PRESCRIPTION DRUG BENEFIT: HIGH DEDUCTIBLE HEALTH PLAN**

<b>COVERED EXPENSES and PROVISIONS</b>	<b>In-Network      Out-of-Network</b>
<p><b>Prescription Drug Card Benefit</b> (<i>up to 34-day supply through participating pharmacies</i>)</p> <p>See pages 15-16 for covered drugs and special considerations.</p> <p>Covered drugs may be obtained through participating pharmacies and paid at 100% “out of pocket” (note that substantial discounts are available through these pharmacies) until the In-Network Calendar Year Deductible is met. After that Deductible is met, additional covered drugs are available at the co-pays shown at right for the remainder of that Calendar Year.</p>	<p>The following co-pays per prescription or refill apply <b>only after</b> the In-Network Calendar Year Deductible is met. These co-pays will apply to the In-Network Out of Pocket Maximum.</p> <ul style="list-style-type: none"> <li>• \$10 co-pay Generic</li> <li>• \$25 co-pay Formulary Brand</li> <li>• \$45 co-pay Non-Formulary Brand</li> </ul>
<p><b>Mail Order Drug Benefit</b> (<i>up to 90-day supply through Mail Order vendor</i>)</p> <p>Covered maintenance drugs may be obtained through contracted Mail Order Program and paid at 100% “out of pocket” (note that substantial discounts are available through this program) until the In-Network Calendar Year Deductible is met. After that Deductible is met, additional covered drugs are available at the co-pays shown at right for the remainder of that Calendar Year.</p>	<p>The following co-pays per prescription or refill apply <b>only after</b> the In-Network Calendar Year Deductible is met. . These co-pays will apply to the In-Network Out of Pocket Maximum.</p> <ul style="list-style-type: none"> <li>• \$20 co-pay Generic</li> <li>• \$40 co-pay Formulary Brand</li> <li>• \$60 co-pay Non-Formulary Brand</li> </ul>
<p><b>Penalty</b> (<i>applies to co-pay structure shown above after In-Network Calendar Year Deductible is met</i>) <b>for purchasing non-Generic when Generic Drug is Available</b></p>	<p>For both the Drug Card and Mail Order Drug benefit, if a Covered Person purchases a brand name medication when a generic is available, then, in addition to the brand co-pay, he must also pay the difference in price between the generic and brand medication.</p>

**Contraception and contraceptive counseling** - This Plan includes coverage for several types of contraceptives. Generic hormonal and emergency oral contraceptives, diaphragms and the Mirena IUD will be covered at no cost to you as the plan participant. Brand and Non-Formulary contraceptives will remain not covered. For additional information about your contraceptive benefits, including the applicable co-pay for a medication, please contact Express Scripts toll free at 1-866-275-0044 or online at [www.express-scripts.com](http://www.express-scripts.com).