

## FOREIGN SERVICE BENEFIT PLAN (FSBP)

### Prescription Benefits Highlights – Non-specialty maintenance medications

**Through home delivery from Express Scripts® Pharmacy or at retail pharmacies in the Express Scripts Smart90® network**

**Non-specialty maintenance medications are those you use on a regular basis.** After two 30-day courtesy fills at a retail network pharmacy, you must use home delivery or a Smart90 pharmacy to avoid paying full cost. You can purchase up to a 90-day supply of most non-specialty maintenance medications at these pharmacies.

*\*\*If you are posted overseas, you may be able to obtain up to a year's supply of medication.\*\**

**You can transfer your non-specialty maintenance prescriptions** by asking the Smart90 pharmacy to contact your current pharmacy. To transfer to Express Scripts® Pharmacy, register or log in at **express-scripts.com** and select Pharmacy Options. You can also ask your doctor to send a new 90-day prescription to one of the pharmacies electronically by e-prescribing or fax.

### **What's the difference between a Smart90 pharmacy and a regular retail pharmacy?**

Smart90 pharmacies fill prescriptions in up to a 90-day supply. Regular retail pharmacies are for short-term prescriptions in up to a 30-day supply.

**The Plan has a formulary consisting of preferred/non-preferred brand-name and generic medications.** *Medications not on the formulary are not covered.* There may be coverage limitations on some prescriptions, such as controlled substances, subject to state/federal dispensing limitations.

### **Different co-payments/coinsurance apply for certain medications.**

#### **For generic medications:**

- Copayment is only \$15.00.

#### **For brand-name medications:**

- Preferred brand-name medication: Copayment is \$60.00.
- Non-preferred brand-name medication: Coinsurance is 35% of the medication's total cost, subject to an \$80.00 minimum and \$500.00 maximum.

### **Your out-of-pocket (OOP) expense is the maximum amount you will pay for covered prescriptions and medical during the calendar year.**

#### **Self only OOP maximum:**

- \$5,000 for in-network medical claims and for prescriptions filled at retail network pharmacies or through home delivery. \$7,000 for in-network and out-of-network medical claims and for prescriptions filled either at retail network pharmacies or through home delivery.

#### **Self plus one or Self and family OOP maximum:**

- \$7,000 for in-network medical claims and for prescriptions filled at retail network pharmacies or through home delivery. \$9,000 for in-network and out-of-network medical claims and for prescriptions filled at retail network pharmacies or through home delivery.

Copayments and coinsurance are applied to the OOP maximum. After the OOP maximum is met, your copayment and coinsurance will be zero for covered expenses for the remainder of the calendar year. Your OOP contributions start over every year beginning on January 1.