

## FOREIGN SERVICE BENEFIT PLAN (FSBP)

### Prescription Benefits Highlights – Retail

**Present your FOREIGN SERVICE BENEFIT PLAN (FSBP) member ID card at a retail network pharmacy.** Use your retail benefit for medications required only on a short-term basis (up to a 30-day supply), like an antibiotic to treat an infection. Prescriptions purchased without the use of your card or at a non-network pharmacy are not covered.

**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 a retail pharmacy that participates in Express Scripts' Smart90® network or home delivery from Express Scripts® Pharmacy to avoid paying full cost.

**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](http://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 limitations on some prescriptions, such as controlled medications, subject to state/federal dispensing limitations.

### **Different copayments/coinsurance apply for certain medications.**

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

- Copayment is only \$10.00.

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

- Preferred brand: Coinsurance is 25% of the medication's cost, subject to a \$30.00 minimum and \$100.00 maximum.
- Non-preferred brand: Coinsurance is 35% of the medication's cost, subject to a \$60.00 minimum and \$200.00 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 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 participating 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.