

Express Scripts Prescription Plan for Active Employees on the PPO Plan

Prescription Drug Coverage	2021 In-Network	2021 Out-of-Network	2021 Comments
Annual Prescription Deductible - Family	N/A	N/A	
Annual Prescription Deductible - Individual	\$200 Brand Name Drugs Only	\$200 Brand Name Drugs Only	
Out-of-Pocket Maximums - Individual	\$3,600, combined for in and out of network	\$3,600, combined for in and out of network	
Out-of-Pocket Maximums - Family	\$7,200, combined for in and out of network	\$7,200, combined for in and out of network	
Annual Maximum Benefit	N/A	N/A	
Lifetime Maximum Benefit	N/A	N/A	
Generic Substitution	N/A	N/A	
Retail Refill Penalty	N/A	N/A	
Prescription Drug Retail			
Retail - Generic	\$5 copay	\$5 copay, then 50% of the cost of the medication	
Retail - Brand Formulary	\$30 copay, after \$200 brand deductible	\$30 copay, then 50% of the cost of the medication after \$200 brand deductible	
Retail - Brand Non-Formulary	\$60 copay, after \$200 brand deductible	\$60 copay, then 50% of the cost of the medication after \$200 brand deductible	
Single Source Brand	Subject to applicable formulary/non-formulary copay after brand deductible	Subject to applicable formulary/non-formulary copay after brand deductible	
Multi Source Brand	Subject to applicable formulary/non-formulary copay after brand deductible	Subject to applicable formulary/non-formulary copay after brand deductible	
Injectable Medications	20% up \$100 copay maximum for Self-Injectable Specialty medications only	20% up \$100 copay maximum for Self-Injectable Specialty medications only	
Prescription Drug Mail Order			
Mail-Order - Generic	\$10 copay	Not covered	
Mail-Order - Brand Formulary	\$60 copay, after \$200 brand deductible	Not covered	
Mail-Order - Brand Non-Formulary	\$120 copay, after \$200 brand deductible	Not covered	
Single Source Brand	Subject to applicable formulary/non-formulary copay after brand deductible	Not covered	
Multi Source Brand	Subject to applicable formulary/non-formulary copay after brand deductible	Not covered	
Injectable Medications	20% up \$100 copay maximum	Not covered	
Day Supply	Non-Specialty - 90 Day; Specialty - 30 Day	Not covered	
Other Services - Prescription Drugs			
Over the Counter	Not covered	Not covered	
Prenatal Vitamins	Rx Only	Rx Only	
Diabetic Supplies	\$0 copay for preferred strips; regular copay for supplies	Regular copays plus 50% of the maximum allowed amount plus any costs over the allowed amount	
Lifestyle Drugs	Regular copays; may be subject to prior authorization	Regular copays plus 50% of the maximum allowed amount plus any costs over the allowed amount	
Contraceptives - Injectable	\$0 copay per ACA guidelines	Not covered	
Fertility Drugs	Not covered	Not covered	
Smoking Cessation	\$0 copay per ACA guidelines	Not covered	
Cosmetic Medications	Not covered	Not covered	
Nutritional Supplements	Metabolic Infant Formula only.	Metabolic Infant Formula only.	
Details			