

# High Cost Coverage Plan

## Benefit Highlights: Retail

### When to Use

The most efficient way to use your retail pharmacy benefit is to present your member ID card at a participating retail pharmacy. Your retail plan should be used for medications required on a short-term basis. When you have a prescription filled at a participating pharmacy, present your member ID card to the pharmacist, who will use an automated system to verify your coverage and prescription cost.

### Days' Supply

At retail pharmacies, you may purchase up to a 30-day supply of most prescription medications. There may be limitations on some prescriptions, such as controlled medications, subject to state and federal dispensing limitations.

For those medications you take on an ongoing basis, you are allowed a limited number of fills of up to a one-month supply at a retail pharmacy. After the third purchase, you may pay 50% of the drug's cost if you continue to purchase it at retail. However, you can get up to a three-month supply through home delivery or at a Smart90® (CVS/Safeway) retail pharmacy.

### Pharmacy Network

You can get up to a three-month supply of medications you take on an ongoing basis at any Smart90 retail pharmacy. Please refer to the link 90-Day Options with CVS/Safeway on this open enrollment website for more details.

### Copayment/Coinsurance

For generic medications:

For up to a 30-day supply:

- Your coinsurance is 20% of the medication's total cost.
- Your copayment will have a minimum of \$10.00 and a maximum of \$40.00.

For a 90-day supply at a Smart90 (CVS/Safeway) pharmacy:

- Your coinsurance is 20% of the medication's total cost.
- Your copayment will have a minimum of \$5.00 and a maximum of \$80.00.

For brand-name medications that are on your plan's preferred drug list:

For up to a 30-day supply:

- Your coinsurance is 30% of the medication's total cost.
- Your copayment will have a minimum of \$20.00 and a maximum of \$75.00.

For a 90-day supply at a Smart90 (CVS/Safeway) pharmacy:

- Your coinsurance is 30% of the medication's total cost.
- Your copayment will have a minimum of \$40.00 and a maximum of \$150.00.

For brand-name medications that are not on your plan's preferred drug list:

For up to a 30-day supply:

- Your coinsurance is 50% of the medication's total cost.
- Your copayment will have a minimum of \$35.00 and a maximum of \$90.00.

For a 90-day supply at a Smart90 (CVS/Safeway) pharmacy:

- Your coinsurance is 50% of the medication's total cost.
- Your copayment will have a minimum of \$70.00 and a maximum of \$180.00.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available, your copayment will be equal to your generic copayment plus the difference in price between the brand-name medication and its generic equivalent. This difference in price will be excluded when calculating the percentage portion of your copayment and will not apply toward your total medication cost.

## Benefit Highlights: Home Delivery

### When to Use

The most efficient way to fill prescriptions that you take for long-term or chronic conditions is through the home delivery service.

### Days' Supply

Through the home delivery service, you can purchase up to a 90-day supply of most prescription medications. There may be limitations on some prescriptions, such as controlled medications, subject to state and federal dispensing limitations.

### Copayment/Coinsurance

For generic medications:

- Your coinsurance is 20% of the medication's total cost.
- Your copayment will have a minimum of \$5.00 and a maximum of \$80.00.

For brand-name medications that are on your plan's preferred drug list:

- Your coinsurance is 30% of the medication's total cost.
- Your copayment will have a minimum of \$40.00 and a maximum of \$150.00.

For medications that are not on your plan's preferred drug list:

- Your coinsurance is 50% of the medication's total cost.
- Your copayment will have a minimum of \$70.00 and a maximum of \$180.00.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available, your copayment will be equal to your generic copayment plus the difference in price between the brand-name medication and its generic equivalent. This difference in price will be excluded when calculating the percentage portion of your copayment and will not apply toward your total medication cost.

## Out-Of-Pocket

Your out-of-pocket expense is the maximum amount you will pay before your plan sponsor reduces your copayments.

For an individual:

- The out-of-pocket maximum for medical claims and for prescriptions filled at **in-network** retail or home delivery pharmacies is \$2,000.00 every year.
- The out-of-pocket maximum for medical claims and for prescriptions filled at **out-of-network** retail or home delivery pharmacies is \$6,000.00 every year.

For full family:

- The out-of-pocket maximum for medical claims and for prescriptions filled at **in-network** retail or home delivery pharmacies is \$5,000.00 every year.
- The out-of-pocket maximum for medical claims and for prescriptions filled at **out-of-network** retail or home delivery pharmacies is \$15,000.00 every year.

## Specialty Pharmacies

Some prescription drugs are called "specialty medications." Specialty medications usually have to be stored or handled in special ways and you may not be able to get them from most pharmacies. People take specialty medications for complex, chronic health conditions like multiple sclerosis or rheumatoid arthritis. If you're taking a specialty medication, there are services available for you through our specialty pharmacy at no additional charge:

- You can **order refills and check the status of your specialty medication orders anytime online.**
- You have access to our **complete specialty pharmacy inventory** with medications that may not be readily available at other pharmacies.
- Your specialty medications are delivered directly to you or your doctor, as allowed by applicable law.
- You receive the **supplies you need** to administer your medications.

- Our clinically based **care management programs** - which include consultation with your doctor - help you get the most benefit from the medications that your doctor has prescribed for you.
- Our highly trained **Patient Care Advocates work closely with you**, your physician and your health plan, obtaining prior authorizations, coordinating billing and even contacting you when it's time to refill your prescription.

This information is intended to serve as a general overview of your plan sponsor's prescription benefit program. Please note that the terms of your prescription benefit are subject to change. Please consult your plan sponsor for complete information.

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