

# APWU Health Plan

## **Prescription Benefits Highlights- Home Delivery**

### **When to Use**

The most efficient way to fill prescriptions that you take for long-term or chronic conditions is through home delivery from Express Scripts® Pharmacy.

### **Days' Supply**

Through home delivery, 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**

Your Health Plan has defined a series of copayment/coinsurance levels known as tiers. Each tier includes different types or classes of medications (i.e., generic, preferred brand, nonpreferred brand, specialty). Based on the tier your specific medication is in, your copayment/coinsurance may vary. The most accurate way to know what your copayment/coinsurance will be is to log in at **express-scripts.com** and select our Price a Medication tool from the menu under Prescriptions to review coverage and copayments/coinsurance for your medication. (If you're a first-time visitor to our website, please register using your member ID number.)

### **Out-of-Pocket**

Your out-of-pocket expense is the maximum amount you will pay before your Health Plan reduces your copayments/coinsurance.

**For an individual**, the out-of-pocket maximum for medical claims and for prescriptions filled at **in-network** retail or home delivery pharmacies is \$6,500.00 every year.

The following does not apply to your out-of-pocket expense:

- If you order a brand-name medication that has a generic equivalent, the difference in cost between the brand-name medication and generic medication will not apply.
- If you continue using retail after reaching your Retail Refill Limit for maintenance medications, your cost share of the medication will not apply.

**For your family**, the out-of-pocket maximum for medical claims and for prescriptions filled at **in-network** retail or home delivery pharmacies is \$13,000.00 every year.

The following does not apply to your out-of-pocket expense:

- If you order a brand-name medication that has a generic equivalent, the difference in cost between the brand-name medication and generic medication will not apply.
- If you continue using retail after reaching your Retail Refill Limit for maintenance medications, your cost share of the medication will not apply.

**For an individual**, the out-of-pocket maximum for medical claims and for prescriptions filled at **out-of-network** retail or home delivery pharmacies is \$12,000.00 every year.

The following does not apply to your out-of-pocket expense:

- If you order a brand-name medication that has a generic equivalent, the difference in cost between the brand-name medication and generic medication will not apply.
- If you continue using retail after reaching your Retail Refill Limit for maintenance medications, your cost share of the medication will not apply.

**For your family**, the out-of-pocket maximum for medical claims and for prescriptions filled at **out-of-network** retail or home delivery pharmacies is \$24,000.00 every year.

The following does not apply to your out-of-pocket expense:

- If you order a brand-name medication that has a generic equivalent, the difference in cost between the brand-name medication and generic medication will not apply.
- If you continue using retail after reaching your Retail Refill Limit for maintenance medications, your cost share of the medication will not apply.

### **Coordination of Benefits**

Coordination of Benefits is the process in which two or more health insurers cover the same person(s) but limit the total benefit payable for a claim to an amount not exceeding the total cost of the claim. If Express Scripts® administers your secondary benefit, primary claims submitted by the retail pharmacy or primary paper claims submitted by you will not be covered. If you have sent the prescription through home delivery and Express Scripts is your secondary benefit, you will be contacted to verify your coverage.

The Coordination of Benefits applies to:

- Your home delivery claims.
- Your member-submitted paper claims.
- Your retail pharmacy claims.

For further information on Coordination of Benefits or for an explanation on the reimbursement of a claim, please call the Member Services phone number on the back of your member ID card.

### **Medicare Part B**

As part of your prescription benefit, Express Scripts would like to inform you how to fill your Medicare Part B-eligible prescriptions. Medicare Part B will be the primary payor for your Medicare Part B-eligible prescriptions, instead of your company or Health Plan. Using Medicare Part B coverage for Part B-eligible prescriptions will help to keep a high-quality, affordable prescription benefit available to you. You can purchase your Medicare Part B-eligible medications through home delivery or at a retail pharmacy.

You can fill your Medicare Part B-eligible prescriptions through home delivery. Initially, you send your prescriptions to our home delivery pharmacy via mail or phone. Once we receive your prescriptions, if they are Medicare Part B-eligible, we will transfer your prescription information to one of these Medicare Part B-participating home delivery pharmacies based on the type of prescription:

- Part B-eligible specialty medications – Accredo® Health Group, Inc.
- Diabetes testing supplies – The Diabetes Store, Inc.
- All other Part B medications – AptivaRx (previously Liberty Home Pharmacy)

The appropriate Medicare Part B-participating home delivery pharmacy will verify coverage, file your prescription claims with Medicare Part B, submit any other claims that may be eligible for additional coverage and bill you for any balance due. Depending on the covered medications that you need, the Medicare Part B-participating home delivery pharmacy will mail your Medicare Part B medications directly to you and provide instructions for obtaining refills. This service will have no effect on prescriptions that are not Part B-eligible.

If you have any questions about your Medicare Part B-eligible prescription orders, you can contact the Medicare Part B-participating home delivery pharmacy based on your type of prescription:

- Accredo® Health Group Inc., 866.892.9976
- The Diabetes Store, Inc., 866.378.6119 (for existing patients or patients with orders that were transferred to DSI)
- AptivaRx, 866.245.1483

You can find out about:

- Prescription order status
- Shipment status
- How to refill future prescriptions
- Billing of your prescription claims to Medicare or secondary coverage
- Address change for prescription orders in progress
- Prescription order replacements
- Emergency situations
- Out-of-stock medications

The Customer Service representatives are available to answer your questions about Medicare Part B-eligible medications. If your prescription is not covered by Medicare Part B, Express Scripts® Pharmacy will send that prescription directly to you, as long as it is covered by your prescription drug plan.

You can also use a retail pharmacy to fill your Medicare Part B prescriptions. Most independent pharmacies and national chains are Medicare Part B providers. You will need to present your Medicare ID card with your prescriptions. The pharmacy will submit your prescription claims to Medicare Part B on your behalf. The pharmacy will also submit any other claims that may be eligible for additional coverage.

Coverage of prescriptions that are not Medicare Part B-eligible will depend on your specific prescription drug plan.

### **Medicare Part B Coordination of Benefits**

A Medicare Part B pharmacy will bill Medicare directly for your prescription medications and supplies that are covered under Medicare Part B. If your prescription plan provides secondary coverage for Medicare Part B-eligible prescriptions, the remaining amount on your claim will be submitted to Express Scripts to be considered for reimbursement.