



PPO 800

The following details highlight the prescription drug benefit available through the Aetna and UnitedHealthcare PPO 800 medical plan (medical carrier is based on where you live). The benefit provides coverage at participating retail pharmacies and through home delivery from the **Express Scripts PharmacySM** and **Accredo[®]**, an Express Scripts specialty pharmacy.

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 pharmacy that participates in the Express Scripts retail network. Your retail plan should be used for medications required on a short-term basis, such as antibiotics to treat infection. When you have a prescription filled at a participating pharmacy, show your member ID card to the pharmacist, who will use an automated system to verify your coverage and prescription cost.

Current PPO 800 members (as well as Health Fund members) can compare prices of prescription drugs at participating pharmacies by registering and logging into **[MyCastlight.com/Dell](https://mycastlight.com/Dell)** or via Castlight Health's free mobile app.

To review and manage your current prescription drugs, log in at **express-scripts.com** and click "Manage Prescriptions."

Important note about specialty medications: Specialty medications must be ordered through Accredo, an Express Scripts specialty pharmacy, to receive coverage. Exceptions will be made for "stat" medications, which are those given when immediate therapy (that is, within hours) is generally required to prevent adverse health consequences. See Specialty Pharmacy benefit highlights on page 4 for details.

Days' supply

At participating retail pharmacies, you may purchase up to a 34-day supply of most covered prescription medications for your applicable retail copayment. There may be limitations on some medications, such as controlled substances, subject to state and federal dispensing limitations.

Under the Dell plan, certain participating retail pharmacies can fill covered prescriptions for up to a 90-day supply. Patients pay the equivalent of three 30-day retail copayments for the 90-day fill. To find a 90-day pharmacy, log in at **express-scripts.com** and go to "Manage Prescriptions" > "Locate a Pharmacy."

Important note about maintenance medications: Maintenance medications are taken on a regular basis to treat ongoing conditions such as high blood pressure, high cholesterol and asthma. **While you can get these prescriptions filled at a participating retail pharmacy, you'll save money when you switch to home delivery.** If you don't want to enroll and save with home delivery, you must tell Express Scripts by calling 800.481.4627. Otherwise, you'll pay the full cost of your maintenance prescription if you try to refill it at a local participating pharmacy more than twice. You may also opt out of home delivery by logging in at **express-scripts.com**.



Co-payment

For generic medications, your co-payment is \$8.00.

For brand-name medications*:

- Your co-payment is 30% of the medication's total cost.
- Your co-payment will have a minimum of \$40.00 and a maximum of \$90.00.

*Non preferred brand-name drugs are not covered. If a formulary exception is approved, you will pay the brand-name co-payment.

If you have tried the generic and/or preferred brand-name/formulary drug and found that it does not work, you may ask your doctor to contact Express Scripts at 800.417.8164 to provide documentation that supports your need for a non-formulary drug. Generally, you must have previously tried at least two alternatives (a generic and/or a lower cost preferred brand-name/formulary drug) before a non-formulary drug will be approved for coverage. If a non-formulary drug is approved, you will pay the brand-name copayment.

Annual out-of-pocket maximum

Once you've reached the out-of-pocket maximum of \$1,500 for an individual or \$4,500 for family, your plan pays 100% of any covered prescription drug expenses for the remainder of the benefit year. The maximum applies to prescriptions purchased at participating retail pharmacies and home delivery from the Express Scripts Pharmacy and Accredo.

For compound medications

Your plan does not cover most compound drugs. Talk to your doctor about an approved alternative. You can also call Express Scripts at the toll-free number on your member ID card to see whether your compound drug is covered.



Benefit highlights: HOME DELIVERY

When to use

The most efficient way to fill prescriptions for maintenance medications is through home delivery from the Express Scripts Pharmacy.

Days' supply

Through home delivery, you can purchase up to a 90-day supply of most covered prescription medications for one home delivery co-payment. The medication will be delivered directly to you and standard shipping is free. There may be limitations on the quantity that can be ordered for some medications, such as controlled substances, subject to state and federal dispensing limitations.

Important Note: The prescription benefit also includes home delivery for specialty medications through Accredo. Specialty medications must be ordered through Accredo to receive coverage. Exceptions will be made for "stat" medications, which are those given when immediate therapy (that is, within hours) is generally required to prevent adverse health consequences. If you need to obtain specialty medications for use in your physician's office, Accredo can ship directly to the office or to your home. See the Specialty Pharmacy benefit highlights for more details.

Co-payment

For generic medications, up to a 34-day supply, your co-payment is \$8.00.

For generic medications, from a 35-day up to a 90-day supply, your co-payment is \$16.00.

For brand-name medications*, up to a 34-day supply:

- Your co-payment is 30% of the medication's total cost.
- Your co-payment will have a minimum of \$40.00 and a maximum of \$90.00.

For brand-name medications*, more than a 34-day supply and up to a 60-day supply:

- Your co-payment is 30% of the medication's total cost.
- Your co-payment will have a minimum of \$80.00 and a maximum of \$180.00

For brand-name medications*, for a 61-day up to a 90-day supply:

- Your co-payment is 30% of the medication's total cost.
- Your co-payment will have a minimum of \$95.00 and a maximum of \$215.00

* Non preferred brand-name drugs are not covered. If a formulary exception is approved, you will pay the brand-name co-payment.

Annual out-of-pocket maximum

See page 2.

For compound drugs

See page 2.



Benefit highlights: SPECIALTY PHARMACY

When to use

Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. They usually require injection and special handling. Specialty medications must be ordered through Accredo to receive coverage. If you need to obtain these medications for use in your physician's office, Accredo can ship directly to the office or your home. These services are available through Accredo 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.

You will pay the appropriate co-payment for specialty medications until you meet the prescription drug annual out-of-pocket maximum of \$1,500 (individual) or \$4,500 (family). For questions regarding prescriptions for specialty medications, call Accredo at 800.803.2523.

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.