Express Scripts Home Delivery Pharmacy

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.

Co-payment

Different co-payments may apply for certain medications.

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

- Your co-payment is 25.00% of the medication's total cost.
- Your co-payment is subject to a $30.00 minimum co-payment.

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

- Your co-payment is 50.00% of the medication's total cost.
- Your co-payment is subject to a $60.00 minimum co-payment.

For generic medications:

- Your co-payment is 20.00% of the medication's total cost.
- Your co-payment is subject to a $15.00 minimum co-payment.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available you will be responsible for your brand co-payment plus the difference in price between the brand-name medication and its generic equivalent.

Retail Pharmacy

Days Supply

At retail pharmacies, you may purchase up to a 31-day supply of most prescription medications. There may be limitations on some prescriptions, such as controlled medications, subject to state and federal dispensing limitations.

Co-payment

Certain medications are subject to refill limitations at retail network pharmacies.
Different co-payments may apply for certain medications.

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

- Your co-payment is 25.00% of the medication's total cost.
- Your co-payment is subject to a $15.00 minimum co-payment.

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

- Your co-payment is 50.00% of the medication's total cost.
- Your co-payment is subject to a $30.00 minimum co-payment.

For acute generic medications:

- Your co-payment is 20.00% of the medication's total cost.
- Your co-payment is subject to a $7.00 minimum co-payment.

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

- Your co-payment is 30.00% of the medication's total cost.
- Your co-payment is subject to a $20.00 minimum co-payment.

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

- Your co-payment is 55.00% of the medication's total cost.
- Your co-payment is subject to a $40.00 minimum co-payment.

For maintenance generic medications:

- Your co-payment is 25.00% of the medication's total cost.
- Your co-payment is subject to a $10.00 minimum co-payment.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available you will be responsible for your brand co-payment plus the difference in price between the brand-name medication and its generic equivalent.

University Owned Pharmacies

Days Supply

Through the University owned pharmacies, 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.

Co-payment

For acute brand-name medications, <32 day supply, that are on your plan's preferred drug list:

- Your co-payment is 25.00% of the medication's total cost.
- Your co-payment is subject to a $15.00 minimum co-payment.

For acute brand-name medications, <32 day supply, that are not on your plan's preferred drug list:

- Your co-payment is 50.00% of the medication's total cost.
- Your co-payment is subject to a $30.00 minimum co-payment.

For acute generic medications, <32 day supply:

- Your co-payment is 20.00% of the medication's total cost.
- Your co-payment is subject to a $7.00 minimum co-payment.

For maintenance brand-name medications, <32 day supply, that are on your plan's preferred drug list:

- Your co-payment is 30.00% of the medication's total cost.
- Your co-payment is subject to a $20.00 minimum co-payment.

For maintenance brand-name medications, <32 day supply, that are not on your plan's preferred drug list:

- Your co-payment is 55.00% of the medication's total cost.
- Your co-payment is subject to a $40.00 minimum co-payment.

For maintenance generic medications, <32 day supply:

- Your co-payment is 25.00% of the medication's total cost.
- Your co-payment is subject to a $10.00 minimum co-payment.

For brand-name medications, > 31 day supply, that are on your plan's preferred drug list:

- Your co-payment is 25.00% of the medication's total cost.
- Your co-payment is subject to a $30.00 minimum co-payment.

For brand- name medications, >31 day supply, that are not on your plan's preferred drug list:

- Your co-payment is 50.00% of the medication's total cost.
- Your co-payment is subject to a $60.00 minimum co-payment.

For generic medications, > 31 day supply:

- Your co-payment is 20.00% of the medication's total cost.
- Your co-payment is subject to a $15.00 minimum co-payment.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available you will be responsible for your brand co-payment plus the difference in price between the brand-name medication and its generic equivalent.

Specialty Medications

Specialty medications, which are medications that treat complex disease states such as oncology and multiple sclerosis, may be received through the retail pharmacy for one initial fill. All subsequent fills are required to be filled at the Express Scripts specialty pharmacy-Accredo.

Co-payment

Different co-payments may apply for certain medications.

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

- Your co-payment is 25.00% of the medication's total cost.

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

- Your co-payment is 50.00% of the medication's total cost.

For generic specialty medications:

- Your co-payment is 20.00% of the medication's total cost.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available you will be responsible for your brand co-payment plus the difference in price between the brand-name medication and its generic equivalent.

Deductible

A deductible is the amount you must pay before your plan sponsor begins paying for a portion of your prescription costs.
For an individual, the deductible for prescriptions filled at a retail pharmacy or a University owned pharmacy for less than a 32 day supply is $75.00 every year. To receive prescription coverage, each family member must meet his or her individual deductible.

*Certain therapy classes (ie- erectile dysfunction) require 100% copay which will not apply towards the deductible.

Out-Of-Pocket

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

For an individual, the out-of-pocket maximum for prescriptions filled at retail or mail order pharmacies is $3650.00 every year.
For your family, the out-of-pocket maximum for prescriptions filled at retail or mail order pharmacies is $7300.00 every year.

*Certain therapy classes (ie- erectile dysfunction) require 100% copay which will not apply towards the OOP.

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.