

FOREIGN SERVICE BENEFIT PLAN (FSBP)

Prescription Benefits Highlights – Retail

Present your **FOREIGN SERVICE BENEFIT PLAN (FSBP)** member I.D. card at a participating retail pharmacy. **Use your retail benefit for medications required on a short-term basis only (30-day supply).** Prescriptions purchased without the use of your card or at a non-network pharmacy are not covered.

To avoid paying full cost for your non-specialty maintenance prescription medications (drugs you take regularly for ongoing conditions) after two 30-day retail courtesy fills, you must obtain a 90-day supply at a participating Smart90® Retail Network pharmacy through the Smart90 Program or through the Express Scripts PharmacySM (home delivery). You can transfer your non-specialty maintenance prescription medications to a participating Smart90 Retail Network pharmacy. The pharmacist can contact your doctor to get a new 90-day prescription or have your doctor write a new prescription for a 90-day supply and take it to a participating Smart90 Retail Network pharmacy or send it to the Express Scripts Pharmacy.

The Plan has a formulary consisting of preferred/non-preferred brand-name and generic drugs. *Medications not on the formulary are not covered.* There may be limitations on some prescriptions, such as controlled medications, subject to state/federal dispensing limitations.

Different co-payments/coinsurance apply for certain medications.

For generic medications:

- Co-payment is only \$10.00.

For brand-name medications:

- Preferred brand-name: Coinsurance is 25% of the medication's cost subject to a \$30.00 minimum co-payment.
- Non-preferred brand-name: Coinsurance is 35% of the medication's cost subject to a \$60.00 minimum co-payment.

Your out-of-pocket (OOP) expense is the maximum amount you will pay for covered expenses before the Plan reduces your co-payments/coinsurance.

Self Only:

- OOP maximum: \$5,000 for in-network medical claims and for prescriptions filled at retail network pharmacies or through Home Delivery; or \$7,000 for in- and out-of-network medical claims and for prescriptions filled either at retail network pharmacies or through Home Delivery.

Self Plus One or Self and Family:

- OOP maximum: \$7,000 for in-network medical claims and for prescriptions filled at participating retail network pharmacies or through Home Delivery; or \$9,000 for in- and out-of-network medical claims and for prescriptions filled at retail network pharmacies or through Home Delivery.

Co-payments and coinsurance are applied to the out-of-pocket maximum. After the OOP maximum is met, your co-payment and coinsurance will be zero for covered expenses for the remainder of the calendar year. Your OOP contributions start over every year beginning on January 1.