

2019 Pharmacy Coverage for the HealthSaver Plus Plan¹

	In-Network Coverage	
Deductible (combined medical and Rx)	\$1,500/individual* and \$3,000/family *Does not apply if you cover 2+ people	
Out-of-pocket maximum (includes deductible; combined medical and Rx)	<u>Self-only coverage</u> : \$3,500/individual; <u>Non self-only coverage</u> : \$6,850/individual** and \$7,000/family **Applies for each individual up to the family maximum Patient assistance may not apply to deductible and out-of-pocket maximums	
30-day retail (out-of-pocket maximum includes the deductible)	<p>Preventive Drugs: The deductible is waived and you pay 20% coinsurance.</p> <p>Deductible and coinsurance accumulate towards the combined medical and Rx out-of-pocket maximum</p>	<p>All Other Drugs: You must meet your annual deductible. Once met you pay:</p> <ul style="list-style-type: none"> - 20% coinsurance <p>Deductible and coinsurance accumulate towards the combined medical and Rx out-of-pocket maximum</p>
90-day retail (out-of-pocket maximum includes the deductible)	<p>Preventive Drugs: The deductible is waived and you pay 20% coinsurance.</p> <p>Deductible and coinsurance accumulate towards the combined medical and Rx out-of-pocket maximum</p>	<p>All Other Drugs: You must meet your annual deductible. Once met you pay:</p> <ul style="list-style-type: none"> - 20% coinsurance <p>Deductible and coinsurance accumulate towards the combined medical and Rx out-of-pocket maximum</p>
Mail (out-of-pocket maximum includes the deductible)	<p>Preventive Drugs: The deductible is waived and you pay 20% coinsurance.</p> <p>Deductible and coinsurance accumulate towards the combined medical and Rx out-of-pocket maximum</p>	<p>All Other Drugs: You must meet your annual deductible. Once met you pay:</p> <ul style="list-style-type: none"> - 20% coinsurance <p>Deductible and coinsurance accumulate towards the combined medical and Rx out-of-pocket maximum</p>
Mandatory 90-day fill for maintenance medications	You may get your first 30-day supply and up to two additional 30-day refills through a participating retail pharmacy. After that you must order your medication through the plan's mail order pharmacy service or purchase it at any participating retail pharmacy that will dispense a 90-day supply. If you do not follow this procedure, you will pay the entire cost of the drug and the amount you pay will not apply to your deductible and out-of-pocket maximum.	
Mandatory generic substitution	If you purchase a brand-name drug when there is a generic equivalent available — either by choice or because your doctor specifies one — you pay the generic cost share plus the difference between the cost of the brand-name drug and the generic drug. The cost difference will not apply to your deductible or out-of-pocket maximum.	
Specialty drugs	Some specialty drugs are limited to a 30-day supply and certain specialty drugs must be purchased through the plan's specialty pharmacy, Accredo. If you do not follow this procedure, you will be responsible for the full cost of the drug and the amount you pay will not apply to your deductible and out-of-pocket maximum.	
Proton pump inhibitors (PPIs) and non-sedating antihistamines (NSAs)	All drugs in the proton pump inhibitor (PPIs) group and non-sedating antihistamines (NSAs) group are not covered regardless of whether an over-the-counter (OTC) alternative is available.	
Step therapy, prior authorization, and quantity limits	Some drugs are subject to step therapy, prior authorization, and/or quantity limit requirements. If you submit a prescription for a drug that is subject to these rules, your pharmacist will tell you that approval is needed before the prescription can be filled. If you do not follow these requirements, you will pay the full cost of your prescription and the cost will not apply to your deductible or out-of-pocket maximum.	

¹ Coverage only provided for prescriptions filled at in-network pharmacies