

Holiday Retirement Effective January 1, 2019

Premium Plan

	1-30 Day Supply Retail	90 Day Supply Mail
Generic Medications	\$ 10	\$ 20
Preferred Brand Medications	\$ 35	\$ 70
Non-Preferred Brand Medications	50% coinsurance w/ \$100 min and \$150 max	50% coinsurance w/ \$150 min and \$375 max

Maximum Out of Pocket (MOOP): \$4,000 Individual/\$8,000 Family

The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

Standard Plan

	1-30 Day Supply Retail	90 Day Supply Mail
Generic Medications	\$ 10	\$ 20
Preferred Brand Medications	\$ 35	\$ 70
Non-Preferred Brand Medications	50% coinsurance w/ \$100 min and \$150 max	50% coinsurance w/ \$150 min and \$375 max

Maximum Out of Pocket (MOOP): \$6,000 Individual/\$12,000 Family

The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

CDHP Plan

	1-30 Day Supply Retail	90 Day Supply Mail
Generic Medications	\$ 10	\$ 20
Preferred Brand Medications	\$ 35	\$ 70
Non-Preferred Brand Medications	50% coinsurance w/ \$100 min and \$150 max	50% coinsurance w/ \$150 min and \$375 max

Deductible: \$2,000 Individual/\$4,000 Family

The calendar year Deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family deductible. Once met, your covered prescriptions are subject to the copays above. Generic dispense as written penalties do not apply to the Deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

Maximum Out of Pocket (MOOP): \$6,000 Individual/\$12,000 Family

The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

Smart 90 CVS: The Prescription Drug Card Program will only cover maintenance medications through the Express Scripts Mail Order pharmacy or your local CVS pharmacy. Maintenance medications are those that treat an ongoing condition such as high blood pressure, diabetes or contraception. You can get up to **two fills** (original and 1 refill) from your local participating pharmacy. After that, the program will cover the medication ONLY if you order it from the Express Scripts Mail Order pharmacy or a local CVS Pharmacy.

Specialty Medications: Specialty must be ordered from Express Scripts at 1-800-803-2523. Specialty medications may require prior authorization, quantity limits, and/or step therapy.

Express Scripts Mail Order Program (90 day supply): The Prescription Drug Card Program requires using the mail order benefit for maintenance medications. Maintenance medications are those that treat an ongoing condition such as high blood pressure, diabetes or cholesterol. You can get up to two (30 day supply) fills from your local participating pharmacy with no penalty. If you continue to use retail for your maintenance medication you will be responsible for 100% of the cost charged for each refill.

Generic Policy: If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand co-pay plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

DRUGS COVERED**

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- Compounded medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- Contraceptives: Oral, transdermal, intravaginal, diaphragms, implantable devices, IUD's, injectable and extended cycle products
- ADD/ADHD Medications (step therapy applies)
- Androgens and Anabolic Steroids
- Topical Acne Medications (prior authorization required over age 30)
- Growth Hormones (prior authorization required)
- Migraine medications (quantity limits apply)
- Hypnotics (prior authorization required)
- Narcolepsy Medications (prior authorization required)
- Pain/Narcotics (quantity limits apply)
- Prenatal Vitamins
- Prescription and OTC smoking cessation (two 12 week programs per plan year, must be 18 or over); OTC requires prescription

EXCLUSIONS**

- Biologicals, Blood Products, Serums, Vaccines, and Immunization Agents
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Anti-obesity/Appetite Suppression medications
- Impotency Agents

For Prescription Drug Card Member Services Call RxBenefits at 1-800-334-8134

EXCLUSIONS (cont.)**

- Infertility Medications
- Nutritional Supplements
- Topical Analgesic Pain Patches
- Vitamins unless noted above
- OTC Products unless noted above
- Therapeutic devices or appliances unless listed as a covered product.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a physician's office, licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Patient assistance programs may not apply to deductible and out of pocket accumulations.

****This is not an inclusive list but is a representation of the most commonly used medications. Contact member services for specific drug coverage information.**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Express-Scripts.com to check drug costs and coverage.