



Central Unified School District January 1, 2019

Gold Plan

	1-30 Day Supply	90 Day Supply
	<u>Retail</u>	<u>Mail/CVS pharmacy</u>
Tier 1 - Generic Drugs	\$7	\$14
Tier 2 - Preferred Brand Name Drugs	\$30	\$60
Tier 3 - Non- Preferred Brand Name Drugs	\$50	\$70
Tier 4 – Non-Formulary Brand Name Drugs	\$50	\$100
Specialty Drugs*	\$100	NA

Maximum Out of Pocket (MOOP): \$2,250 Individual/\$4,500 Family

The calendar year MOOP applies to pharmacy 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.

Bronze Plan

Deductible: \$1,000 Individual/\$2,000 Family

The calendar year Deductible applies to pharmacy. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays below. Generic dispense as written penalties do not apply to the Deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	1-34 Day Supply	90 Day Supply
	<u>Retail</u>	<u>Mail/CVS pharmacy</u>
Tier 1 - Generic Drugs	\$11	\$22
Tier 2 - Preferred Brand Name Drugs	\$35	\$70
Tier 3 - Non- Preferred Brand Name Drugs	\$55	\$90
Tier 4 – Non-Formulary Brand Name Drugs	\$100	\$100
Specialty Drugs*	\$100	NA

Maximum Out of Pocket (MOOP): \$1,600 Individual/\$3,200 Family

The calendar year MOOP applies to pharmacy 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.

***Specialty Medications:** Specialty medications must be ordered through Briova Rx at 1-800-850-9122, are limited to a 30-day supply and may require prior authorization.

Dispense as Written Policy: If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Brand copay plus the difference in cost between the Generic and Brand name drug.

Step Therapy Program: Your employer has implemented step therapy with quantity limits and/or prior authorizations. If you choose to use certain brand-name drugs before trying a generic medication, your prescription may not be covered and you may need to pay the full cost. Step therapy applies to the following therapeutic categories: Anti-Infectives, Cardiovascular, Central Nervous System, Dermatology, Diabetes, Endocrinology, Gastroenterology, Ophthalmology, Respiratory and Urology. Please contact Member Services 1-800-334-8134 for a list of medications.

Maintenance Medications: Maintenance medications are those you take for an ongoing condition such as high blood pressure, diabetes or asthma. Your plan covers the initial purchase of a thirty (30) day supply (original prescription) plus one (1) thirty (30) day refill, if required. Any additional refills must be purchased with CVS or through the Mail Order pharmacy to be covered under the plan. For a full list of medications, please contact member services at 1-800-334-8134.

HDCR (High Dollar Claim)

Medication costs exceeding \$1,000 per 30-day supply and \$3,000 per 90-day supply require prior authorization.

LCV (Low Clinical Value)

Formulary Exclusion List including low clinical value drugs, me too drugs, new to market drugs and non-essential drugs.

DRUGS COVERED*

Drugs covered may be subject to Utilization Management which may include prior authorization and/or quantity limits. Please contact Member Services if you have specific drug questions or register at www.Optumrx.com to check coverage.

- ADD/ADHD medications
- Androgens
- Compounded medication 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.
- Contraceptives: Oral, Transdermal, Diaphragms, Intravaginal, and Injectable; extended cycle products are subject to 3x retail copays for a 90-day supply
- Diabetic Care: Insulin/Insulin pre-filled syringes, Disposable insulin needles/syringes, Testing Agents, Testing Strips, and Lancets.
- Pain Medications
- Growth Hormones
- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below.
- Migraine medications
- Narcolepsy medications
- Prescription Vitamins
- Smoking cessation products 2 cycles per year
- Sleep Aids/Hypnotics
- Topical Acne Agents

EXCLUSIONS*

- Anti-obesity/Appetite suppression
- Biological, blood products, serums and Non-ACA immunization agents
- Compounded prescriptions that use ingredients such as bulk chemicals and powders.
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants & removal products)
- Experimental and investigational drugs, including compounded medications for non-FDA approved use.
- Impotency Medications
- Infertility Medications
- Medical Devices/Supplies
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Nutritional Supplements
- OTC products
- Periodontal Products
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- 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 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.

***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.Optumrx.com to check drug costs and coverage.