

South Harrison Board of Education

Prescription Coverage Selections - Express Scripts

Who Can Select This Plan?	All Employees	Hired Before 7/1/20	Hired Before 7/1/20	Hired Before 7/1/20	Hired Before 7/1/20
	Rx Retail \$5/\$10 NJEHP & GSP	Retail Rx \$5/\$10 Patriot V Gold Plan	Retail \$10/\$20/\$30 Patriot V Silver Plan	Retail \$15/\$30/\$45 Bronze/Omnia	20% Coinsurance HDHP
Retail Copays (30 Day Supply)					
Generic	\$5 Copay	\$5 Copay	\$10 Copay	\$15 Copay	20% Coinsurance
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay	\$10 Copay	\$20 Copay	\$30 Copay	20% Coinsurance
Non- Preferred Brand Name Drug (or Generic Alternative Available)	Member Pays the Difference*	\$10 Copay	\$30 Copay	\$45 Copay	20% Coinsurance
Retail Dispensing Limitation	30 day supply	34 day supply or 100 units	30 day supply	30 day supply	30 day supply
Mail Order (90 Day Supply)					
Generic	\$10 Copay	\$0 Copay	\$5 Copay	\$15 Copay	20% Coinsurance
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay	\$0 Copay	\$10 Copay	\$30 Copay	20% Coinsurance
Non-Preferred Brand Name Drug (or Generic Alternative Available)	Member Pays the Difference**	\$0 Copay	\$10 Copay	\$45 Copay	20% Coinsurance
Mail Order Dispensing Limitation	90 day supply	90 day supply	90 day supply	90 day supply	90 day supply
Additional Features					
*Step Therapy	Applies	Not Applicable	Not Applicable	Not Applicable	Not Applicable
**Mandatory Generic	Applies	Not Applicable	Not Applicable	Not Applicable	Not Applicable
***Mail Order for Specialty Drugs	Applies	Applies	Applies	Applies	Applies
****Closed Formulary	Applies	Applies	Applies	Applies	Applies

Step Therapy programs are designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, Step Therapy programs require a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases the higher cost medication without a prior approval, there will be no coverage for the higher cost medication. Benecard employs Step Therapy in each of the following drug categories: Proton Pump Inhibitors (Ulcer/Reflux medications), SSRI/SSNRI (Antidepressants), Osteoporosis, Nasal Steroids, Hypnotics, Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program.

***Mandatory Generics-** The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

Mail Order for Specialty Medications - Requires that specialty pharmaceutical medications be obtained through Benecard Central Fill Specialty. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring.

Closed Formulary - Certain medications are excluded from the covered drug list. A great majority of brand-name medications and generic medications are included in the formulary. All conditions with excluded medications have covered clinically equivalent medications. Please note, the formulary list updates throughout the year; for the most up to date version of the formulary please refer to the Express Scripts website: <https://www.express-scripts.com/>

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription program. Some plan limitations may apply. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.