



**Prince George's County Government
2020 Summary of Benefits Coverage
Prescription Drug Plan (Non-Medicare)**

Website: www.express-scripts.com Express Scripts Member Services: 1-800-711-0917

Summary of Benefits Coverage:

Your plan includes an annual \$50 individual deductible. The deductible is coordinated between retail and mail order.

Drug Coverage:

Co-pays

Retail (up to a 30 day supply)

- Generic: \$10
- Preferred Brand (Formulary) \$20/20% whichever is greater, to a \$50 maximum
- No-Preferred Brand (Non-Formulary) \$40/30% whichever is greater, to a \$50 maximum.
- Specialty Medications – used to treat complex conditions, such as cancer, immune deficiency, multiple sclerosis, rheumatoid arthritis. For access to specialty medications, contact the Accredo Pharmacy at 1-844-601-5885.

Mail Order (The Express Scripts Pharmacy – up to a 90 day supply)

- Generic: \$20
- Preferred Brand (Formulary) \$40/20% whichever is greater, to a \$100 maximum
- No-Preferred Brand (Non-Formulary) \$80/30% whichever is greater, to a \$100 maximum.
- Specialty Medications – used to treat complex conditions, such as cancer, immune deficiency, multiple sclerosis, rheumatoid arthritis. For access to specialty medications, contact the Accredo Pharmacy at 1-844-601-5885.

Your plan uses a preferred drug list which identifies the status of covered drugs. Some drugs may require pre-authorization. If the necessary pre-authorization is not obtained, the drug may not be covered. You pay the difference in cost if you request a brand name drug instead of its generic equivalent.



**Prince George’s County Government
2020 Summary of Benefits Coverage
Prescription Drug Plan (Non-Medicare)**

After a **long-term** prescription is filled two (2) times at a participating retail pharmacy, you will pay the entire cost of the medication. You will continue to pay the entire cost for these **long-term** drugs unless you choose to order them through the Express Scripts Mail Order Pharmacy.

Grievance and Appeal Rights:

For grievance and appeals regarding your drug coverage, call the number on the back of your prescription benefit card or visit www.express-scripts.com.

Coverage Examples – Patient Pays

Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans. **This is not a cost estimator.** Don’t use these examples to estimate your actual cost under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different. **Note:** These numbers assume enrollment in individual only coverage.

Example 1:

Having a baby (normal delivery)

- Amount owed to prescription plan providers: \$200
- Plan pays: \$100
- Patient pays: \$90

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory test	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:

Deductible	\$50
Copays	\$40
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$90



**Prince George’s County Government
2020 Summary of Benefits Coverage
Prescription Drug Plan (Non-Medicare)**

Example 2:

Managing type 2 diabetes

- **Amount owed to prescription plan providers: \$2,900**
- **Plan pays: \$1,970**
- **Patient pays: \$930**

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits and procedures	\$700
Education	\$300
Laboratory test	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:

Deductible	\$50
Copays	\$880
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$930

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits on the health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**