

Prince George's County Government 2019 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 preauthorization. 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.



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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.

<u>Coverage Examples – Patient Pays</u>

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:		Patient Pays:	
Hospital charges (mother)	\$2,700	Deductible	\$50
Routine Obstetric care	\$2,100	Copays	\$40
Hospital charges (baby)	\$900	Coinsurance	\$0
Anesthesia	\$900	Limits or exclusions	\$0
Laboratory test	\$500	Total	\$90
Prescriptions	\$200		
Radiology	\$200		
Vaccines, other preventive	\$40		
Total	\$7,540		



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Example 2:

Managing type 2 diabetes

• Amount owed to prescription plan providers: \$2,900

• Plan pays: \$1,970

• Patient pays: \$930

Sample care costs:		<u>Patient Pays:</u>	
Prescriptions	\$2,900	Deductible	\$50
Medical equipment and supplies	\$1,300	Copays	\$880
Office visits and procedures	\$700	Coinsurance	\$0
Education	\$300	Limits or exclusions	\$0
Laboratory test	\$100	Total	\$930
Vaccines, other preventive	\$100		
Total	\$5,400		

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.

EGWP Plan

	Amount	Drug Category	Channel	Drug Inclusions	Formulary Status Inclusion	Pharmacy Specific Restrictio as	Drug Exclusion s	Post-OOP or Post- CAP Copay	Age in Transfer	
Deductible	\$50.00	Combined D & Non- D	Both Retail & Mail	All	All			Choose an item.	G	
Deductible ps	ala									
Maximum Out Pocket	ala									
Maximum Out Pocket (18 accord)	ala									
CAP		Explain CAP (Double	Click "ADD NEW RO	₩" to add another No	otes)					
NOTES		Explain changes or a	dditions (Double Clic	L TADD NEW ROWT &	o add another Notes)					
Retail										
		1-31	1-31	32	-60	62-90				

Day Supply		1-	31	1-31		32-60				62-90			
		Day Sepply		LTC Day Supply		Day Supply				Day Sepply			
	Tier #	Сораў	Caianaranar	Mis.	Max.	Сораў	Caianaranar	Mis.	Max.	Сораў	Caianaranar	Mis.	Max.
Generic	Tier 1	\$10.00				\$20.00				\$30.00			
Preferred Brand	Tier 2		20.00%	\$20.00	\$50.00		20.002	\$40.00	\$100.00		20.00%	\$60.00	\$150.00
Non-Preferred Generics	Tier 1	\$10.00				\$20.00				\$30.00			
Non-Preferred Brands	Tier 3		30.002	\$40.00	\$50.00		30.002	\$80.00	\$100.00		30.002	\$120.00	\$150.00
Specialty	Choose an item.												

Express Scripts Home Delivery

Day Supply			1-	31		32-60				61-30			
Day sappiy		Day S	apply		Day Sapply				Day Supply				
	Tier #	Сораў	Caianaranar	Mis.	Max.	Сораў	Caianaranar	Mis.	Max.	Сораў	Caianaranar	Mis.	Max.
Generic	Tier 1	\$20.00				\$20.00				\$20.00			
Preferred Brand	Tier 2		20.00%	\$40.00	\$100.00		20.00%	\$40.00	\$100.00		20.00%	\$40.00	\$100.00
Non-Preferred Generics	Tier 1	\$20.00				\$20.00				\$20.00			
Non-Preferred Brands	Tier 3		30.002	\$80.00	\$100.00		30.002	\$80.00	\$100.00		30.002	\$80.00	\$100.00