

# Prescription Benefits at a Glance

## STATE EMPLOYEES' PRESCRIPTION DRUG PLAN HEALTH INVESTOR PLAN OPTION—RETAIL AND MAIL ORDER

The State Employees' Prescription Drug Plan benefit is managed by Express Scripts.

If you have any questions regarding your prescription drug benefit during Open Enrollment, please visit [www.medco.com/sofrxplan](http://www.medco.com/sofrxplan). You will be able to price a medication and confirm whether a medication is on the preferred drug list. You can also call Express Scripts toll-free at **1-877-531-4793**, 24 hours a day, seven days a week (except Thanksgiving and Christmas) concerning any questions you may have.

	Retail Pharmacy Benefit	Medco Pharmacy® Mail Order Benefit
<b>When to Use Your Benefit</b>	For immediate or short-term medication needs	For maintenance or long-term medication needs
<b>Where to Fill a Prescription</b>	There are more than 50,000 participating retail pharmacies nationwide, including independent pharmacies and chain pharmacies. Visit <a href="http://www.medco.com/sofrxplan">www.medco.com/sofrxplan</a> or call Express Scripts toll-free at 1-877-531-4793 to find a participating pharmacy. (Members should register at and use <a href="http://www.medco.com">www.medco.com</a> .)	Mail your original prescription and mail order form to the Medco mail order pharmacy. Your medications will be sent directly to your home, office or other location. Or, your doctor can call 1-888-327-9791 for instructions on how to fax the prescription to Express Scripts.
<b>Days' Supply Limit</b>	Up to a 30-day supply	Up to a 90-day supply
<b>Cost to You</b>	Your coinsurance* (after your deductible has been met): <ul style="list-style-type: none"> <li>• 30% for each generic medication</li> <li>• 30% for each preferred brand-name medication</li> <li>• 50% for each nonpreferred brand-name medication</li> </ul> Please note: When a generic is available but the pharmacy dispenses the brand-name medication for any reason other than that the doctor indicates "dispense as written," you will pay the difference in cost between the brand and the generic, plus the brand coinsurance.	
	In Network	Out of Network <sup>2</sup>
<b>Deductible<sup>1</sup></b> (Calendar Year)	Individual: <b>\$1,250</b> Family: <b>\$2,500</b> The deductible is a combination of medical and prescription drug expenses. You will pay 100 percent of the cost of your medication until you reach your deductible.	Individual: <b>\$2,500</b> Family: <b>\$5,000</b>
<b>Out-of-Pocket<sup>1</sup> Maximum</b> (Coinsurance) The maximum amount of coinsurance you would pay during the Plan year.	Individual: <b>\$3,000</b> Family: <b>\$6,000</b> Once you reach your out-of-pocket maximum on covered prescription and medical expenses, the Plan pays 100 percent of the coinsurance for subsequent covered medical and prescription services for the remainder of the Plan year. The out-of-pocket maximum is a combination of medical and prescription drug expenses.	Individual: <b>\$7,500</b> Family: <b>\$15,000</b>

\*Copayment, coinsurance or copay means the amount that a Plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price or a fixed amount or other charge, with the balance, if any, paid by the Plan.

<sup>1</sup>For HMO plan members, the deductible is applied to the out-of-pocket coinsurance maximum.

<sup>2</sup>HMO plan members do not have out-of-network coverage.

# FREQUENTLY ASKED QUESTIONS DURING OPEN ENROLLMENT

## **Q. WHAT IS A CALENDAR YEAR (CY) DEDUCTIBLE?**

A. A CY deductible is the amount you must pay for covered services before this Plan pays. The CY deductible is a combination of both covered medical services and prescription benefits. It is important to note that until your CY deductible has been met, you must pay 100 percent of all prescription and medical services.

## **Q. WHAT HAPPENS AFTER I MEET MY CY DEDUCTIBLE?**

A. After the CY deductible has been met, this Plan will begin paying toward the applicable coinsurance for your covered medical services and prescription benefits.

## **Q. MY SPOUSE AND CHILDREN ARE ALSO COVERED. HOW IS THE CY DEDUCTIBLE MET FOR FAMILY COVERAGE?**

A. The family CY deductible can be met by one family member meeting his or her individual CY deductible, and a combination of the other family members meeting the remainder of the family CY deductible.

## **Q. HOW DO I FIND A PARTICIPATING RETAIL PHARMACY?**

A. Visit [www.medco.com/sofrxplan](http://www.medco.com/sofrxplan) or call Express Scripts Member Services toll-free at 1-877-531-4793. Members should register at and use [www.medco.com](http://www.medco.com).

## **Q. WILL I NEED TO GET MY MAINTENANCE PRESCRIPTIONS BY MAIL?**

A. Yes, all members of the State Employees' Prescription Drug Plan should use mail order. There are many advantages to getting your maintenance medication by mail. Most important, you can get up to a 90-day supply of medication for the same cost as two 30-day fills at a retail pharmacy—which is like getting one free refill at retail. There is no charge for standard shipping and, for many medications you can sign up for automatic refills so you never have to worry about ordering refills or running out of your medication. PLEASE NOTE: If you are a member of the PPO Plan, you must use mail order for maintenance medications after filling the prescription three times at a retail pharmacy. If you continue to use a retail pharmacy after the third fill, you will be responsible for the full cost of the medication.

## **Q. HOW DO I PAY FOR MY MAIL ORDER PRESCRIPTIONS?**

A. You can pay by check, e-check, money order or credit card. If you prefer to use a credit card, you have the option of joining the Express Scripts automatic payment program by calling 1-877-531-4793 or by enrolling online.

E-check is another term for electronic funds transfer. When you use e-check, your copayments are deducted from your checking account. There's a 10-day grace period between the time your order is sent and when the amount is deducted from your checking account. (The amount that is being deducted will be included in the prescription information that accompanies your order.)

## **Q. HOW SOON WILL I RECEIVE MY MAIL ORDER PRESCRIPTION, AND HOW CAN I CHECK THE STATUS OF MY ORDER?**

A. Orders are usually processed and mailed within 48 hours of receipt. You can check the status of your order by logging on at [www.medco.com](http://www.medco.com) and choosing "Order status" from the menu on the left or you can call Express Scripts Member Services at 1-877-531-4793.

## **Q. ARE SMOKING CESSATION MEDICATIONS COVERED UNDER THE STATE EMPLOYEES' PRESCRIPTION DRUG PLAN?**

A. Smoking cessation medications that require a prescription are a covered benefit.

## **Q. HOW CAN THE MEDCO PHARMACY™ MOBILE APP HELP ME STAY ON TRACK WITH MY MEDICATIONS?**

A. The Medco Pharmacy™ Mobile App is your on-the-go app for requesting mail-order prescription refills and renewals, receiving safety alerts and reminders, and more. The app is available to anyone with an iPhone®, BlackBerry® or Android™ smartphone, or an iPad® or other pad device. Go to [medco.com/mobile](http://medco.com/mobile) and download it for *free* today.