



Prescription Benefit Plan Summary

The Affiliated Physicians & Employers Health Plan Offers Its Members Comprehensive Pharmacy Coverage Through Express Scripts

* With almost 60,000 retail pharmacies in its network, Express Scripts offers comprehensive service across the country. Visit www.Express-Scripts.com to find a participating pharmacy near you. * World-class service * Convenient mail-order service * A website designed just for you. After a one-time registration at www.Express-Scripts.com, members can log in anytime to order refills, check the status of an order, compare medication costs, review prescription history, obtain Express Scripts mail-order forms

PRESCRIPTION PLAN OPTIONS

RX Plan 1 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y)

Retail (30 day supply): \$15 - Generic, \$35 - Preferred Brand, \$50 - Non Preferred Brand
Mail Order (90 day supply): \$35 - Generic, \$82.50 - Preferred Brand, \$120 - Non Preferred Brand

RX Plan 2 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y)

Retail (30 day supply): \$30 - Generic, \$50 - Preferred Brand, \$80 - Non Preferred Brand
Mail Order (90 day supply): \$70 - Generic, \$120 - Preferred Brand, \$195 - Non Preferred Brand

RX Plan 3 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y)

Retail (30 day supply): Generic: - \$15 copay / Brand - 50% copay (Min of \$25 /Max of \$500) (50% copay applies to the contracted rate)
Mail (90 day supply): Generic: - \$37.50 copay / Brand - 50% copay (Min of \$62.50 /Max of \$1,250) (50% copay applies to the contracted rate)

RX Plan 4 - ONLY Available with Plans N, R, S, W (This RX plan would be considered an IRS/HSA compatible RX plan.)

MEMBER MUST MEET MEDICAL DEDUCTIBLE BEFORE COPAY APPLIES

Retail (30 day supply): \$15 - Generic, \$35 - Preferred Brand, \$50 - Non Preferred Brand
Mail Order (90 day supply): \$35 - Generic, \$82.50 - Preferred Brand, \$120 - Non Preferred Brand

RX Plan 5 - ONLY Available with Plans N, R, S, W (This RX plan would be considered an IRS/HSA compatible RX plan.)

MEMBER MUST MEET MEDICAL DEDUCTIBLE BEFORE COPAY APPLIES

Retail (30 day supply): Generic: - \$15 copay after deductible / Brand - 50% copay after Deductible (Min of \$25 /Max of \$500) (50% copay applies to the contracted rate)
Mail (90 day supply): Generic: - \$37.50 copay after deductible / Brand - 50% copay after Deductible (Min of \$62.50 /Max of \$1,250) (50% copay applies to the contracted rate)

RX Plan 6 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y)

(if No RX is selected, medical rates will increase 3%)

No RX Coverage

You can select one (1) or more Rx Options per each Medical Plan Option you select

All APEHP Prescription Programs have cost saving measures in place to ensure that both our Members and our Plan save the most on covered prescriptions.

- EHD, Exclusive Home Delivery - Save by using the Mail Order Program. Mail order can save members significantly for long-term drugs. After the third purchase, members will pay the Mail Order Co-payments for the 30 day retail supply. Members can avoid paying more by using the Express Scripts Mail Order Pharmacy. Medications will be delivered right to them, and standard shipping is free. Once members get started, they can request refills easily by mail, online, or over the phone.

- Save by using Generics. The Plan has a program in place to automatically fill your prescription with the low cost generic alternative to save both you and the Plan. If you request a brand-name medication when a generic equivalent is available, you will pay the applicable co-payment, plus the difference in cost between the brand and the generic.

- SaveonSP Program

The Plan is partnering with Express-Scripts' program: SaveonSP effective 10/1/18, a specialty pharmacy Copayment assistance program. By participating in this program, select specialty medications will be free of charge (\$0). Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy. Certain specialty pharmacy drugs are considered non-essential health benefits under the Plan and the cost of such drugs will not be applied toward satisfying the participant's Maximum Out-of-Pocket (drug list can be found at www.apehp.com/forms-documents under pharmacy); although the cost of the Program drugs will not be applied towards satisfying a participant's out-of-pocket maximum, the cost of the Program drugs will be reimbursed by the manufacturer at no cost to the participant; and Copayments for certain specialty medications may be set to the max of the current plan design or any available manufacturer-funded Copayment assistance. The program currently targets 80+ specialty drugs in 7 therapy classes: Oncology, Inflammatory, Multiple Sclerosis, Blood Cell Deficiency, Hepatitis C, Hereditary Angioedema, Pulmonary Arterial Hypertension. Letters will be sent to impacted members on non-HSA plans to voluntarily enroll those individuals in the program. To enroll, simply call SaveonSP at 1-800-683-1074. If You choose not to participate, You will be responsible for an increased Copayment for select medications. Keep in mind that the Copayment will not count towards Your Deductible or Maximum Out-of-Pocket.

- Plans M,N,X and Y are paid under Tier 2 benefits.

