

Augustana College

Effective September 1, 2017

PPO Plan (001,002)

	<u>1-30 Day Supply Retail</u>	<u>90 Day Supply Retail</u>	<u>90 Day Supply Mail</u>
Generic Medications	20% (\$10 min, \$25 max)	20% (\$30 min, \$75 max)	20% (\$20 min, \$50 max)
Preferred Medications	30% (\$30 min, \$75 max)	30% (\$90 min, \$225 max)	30% (\$60 min, \$150 max)
Non-Preferred Medications	50% (\$50 min, \$125 max)	50% (\$150 min, \$375 max)	50% (\$100 min, \$250 max)
Specialty Medications	30% (Max \$150)	N/A	N/A

Maximum Out of Pocket (MOOP): \$3,000 single/\$6,000 family

The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. The deductible applies to the MOOP. Once met, your covered prescriptions are paid at 100%.

HDHP Plan (003, 004)

Deductible / Maximum Out of Pocket (MOOP): \$ 3,500 single/ \$7,000 family

The calendar year deductible and MOOP applies to pharmacy and medical claims. The deductible applies to the MOOP. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. You will be responsible for the full cost of the prescription until your deductible and MOOP are met. Once your deductible and MOOP are reached your covered prescriptions are paid at 100%.

Specialty Medications: Specialty medications must be ordered through Briova Rx at 1-800-850-9122. Limited to a 30-day supply and may require prior authorization.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below.
- Compounded medication of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes and lancets, diabetic meters.
- Contraceptives: Oral, Transdermal, Diaphragms, Intravaginal, and Injectable; extended cycle products are subject to retail/mail copays for a 90-day supply.
- Narcolepsy medications (prior authorization and quantity limits may apply)
- ADD/ADHD medications (prior authorization required age 19 and older and quantity limits apply)
- Migraine medications (quantity limits apply)
- Extended Release Controls-Opioid Analgesics (quantity limits apply)
- Sleep Aids/Hypnotics (quantity limits apply)
- Impotency Medications (quantity limits apply)
- Testosterone/ Androgens (prior authorization required)
- Oral/Intranasal/Topical Fentanyl Products (prior authorization required and quantity limits apply)
- Topical Acne Agents (prior authorization required age 25 and older)
- Growth Hormones (prior authorization required)
- Prescription and OTC smoking cessation (two 12 week programs per plan year) OTC requires prescription
- Infertility Medications (\$15,000 lifetime max)

EXCLUSIONS*

- Biological, blood products, serums and Non-ACA immunization agents
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants & removal products)
- Experimental and investigational drugs, including compounded medications for non-FDA approved use
- Compounded prescriptions that use ingredients such as bulk chemicals and powders.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Anti-obesity/Appetite suppression
- Topical Analgesic Pain Patches
- Nutritional Supplements
- OTC products
- Anabolic Steroids
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

***This is not an inclusive list but is a representation of the most commonly used medications. Contact Member Services for specific drug coverage information.**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Optumrx.com to check drug costs and coverage.