

NPC International January 1, 2020

Bronze Plan

Deductible: \$6,500 Individual/\$13,000 Family

The calendar year deductible applies to pharmacy and medical claims. Each individual family member must meet the individual deductible unless the family deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	30 Day Supply <u>Retail</u>	90 Day Supply <u>*Retail/Mail</u>	30 Day Supply <u>**Specialty</u>
Generic (Tier 1)	0%	0%	0%
Preferred Brand (Tier 2)	0%	0%	0%
Non- Preferred Brand (Tier 3)	0%	0%	0%

Maximum Out of Pocket (MOOP): \$6,500 Individual/\$13,000 Family

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties do not apply to the MOOP.

Silver Plan

Deductible: \$2,800 Individual/\$5,600 Family

The calendar year deductible applies to pharmacy and medical claims. Each individual family member must meet the individual deductible unless the family deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	30 Day Supply <u>Retail</u>	90 Day Supply <u>*Retail/Mail</u>	30 Day Supply <u>**Specialty</u>
Generic (Tier 1)	20%	20%	20%
Preferred Brand (Tier 2)	20%	20%	20%
Non- Preferred Brand (Tier 3)	20%	20%	20%

Maximum Out of Pocket (MOOP): \$5,600 Individual/\$11,200 Family

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties do not apply to the MOOP.

Gold Plan

Deductible: \$1,000 Individual/\$2,000 Family

The calendar year deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family deductible. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	30 Day Supply	90 Day Supply	30 Day Supply
	<u>Retail</u>	<u>*Retail/Mail</u>	<u>**Specialty</u>
Generic (Tier 1)	\$15	\$37.50	20% up to \$150
Preferred Brand (Tier 2)	\$45	\$112.50	20% up to \$150
Non- Preferred Brand (Tier 3)	\$70	\$175	20% up to \$150

Maximum Out of Pocket (MOOP): \$4,000 Individual/\$8,000 Family

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties do not apply to the MOOP.

HDHP Preventative Therapy List:

The medications on the Standard Plus Preventive Medications List are covered at no cost to you and will bypass the deductible.

***Limited pharmacy Network:** Contact the customer service number below if you need to inquire about a specific pharmacy.

****Specialty Medications:** Specialty medications are limited to 30- day supply and must be ordered from Express Scripts pharmacy Accredo at 1-800-803-2523. Specialty medications require prior authorization and quantity limits or step therapy may apply.

Manufacturer Copay Assistance Program (MCAP): Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

Generic Policy: If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand copay plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

DRUGS COVERED***

Drugs covered may be subject to Utilization Management which may include prior authorization and/or quantity limits. Please contact Member Services at 1-800-334-8134 if you have specific drug questions or register at www.Express-Scripts.com to check coverage.

- Legend Drugs (drugs that require a prescription) **Exceptions:** See Exclusion list below
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization
-

For Prescription Drug Card Member Services Call RxBenefits at 1-800-334-8134
NPC International

DRUGS COVERED* (continued)**

- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- Contraceptives: Oral, transdermal, intravaginal, implantable devices, injectable, diaphragms, IUD's and extended cycle products
- ADD/ADHD Medications
- Androgens
- Topical Acne Medications
- Impotency Medications
- Anti-obesity/Appetite Suppression medications
- Narcolepsy Medications
- Growth Hormones
- Migraine Medications
- Hypnotics
- Pain/Narcotics
- Gastrointestinal-Antiemetics
- Topical Analgesic Pain Patches
- Prescription Vitamins
- HSDD Medications
- Prescription and OTC smoking cessation (two 12 week programs per plan year); OTC requires prescription

EXCLUSIONS***

- Formulary Exclusion List including low clinical value drugs, me too drugs, new to market drugs and non-essential drugs.
- Biological, Vaccines, Immunization Agents
- Blood Products and Serums
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Anabolic Steroids
- Infertility Medications
- Nutritional Supplements
- Over the counter (OTC) medications unless listed above
- Therapeutic devices or appliances unless listed as a covered product
- 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 physician's office, 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.Express-Scripts.com to check drug costs and coverage.

For Prescription Drug Card Member Services Call RxBenefits at 1-800-334-8134
NPC International