EXPRESS SCRIPTS®

# REEP Benefits – HSA 1

The following outline of your group's outpatient prescription drug benefit is provided for your information. This document contains specific coverage and exclusion information related to your prescription benefit provided by REEP and administered by Express Scripts, Inc. For more information about these drugs or others, you can reach us by calling 1-888-806-4969 or by going to express-scripts.com. Just click on "Member Services" and login using your member ID. For more general information about drugs, vitamins and your health conditions, log on to express-scripts.com and select "Drug Digest".

***2015 - 2016 Benefit Design***

| **Retail Copayments -30 Day Supply** | |
|---|---|
| Generic | 10% with a $10 Max after deductible |
| Formulary Brand | 10% with a $30 Max after deductible |
| Non Formulary Brand | 10% with a $30 Max after deductible |
| **Mail Service Copayments – 90 Day Supply** | |
| Generic | 10% with a $20 max after deductible |
| Formulary Brand | 10% with a $60 Max after deductible |
| Non Formulary Brand | 10% with a $60 Max after deductible |

*** Healthcare Reform preventative items will be covered for a $0 copay.*
*** Claims for Out-of-Network purchases will be reimbursed at 50%.*
*****New In Network DED Max; $1500 individual / $3000 family.***

**New Programs for 2015;**

**Select Home Delivery Program** -Beginning on 7/1/2015, this new program will ask you to ***take action*** about where you choose to purchase your maintenance medications. If you don't take action, your copay may increase. The program is designed to remind you of the benefits and potential savings through the Express Home Delivery pharmacy. You can call Express Scripts' **Member Choice Center at 877/603-1032** to review your options with a specialist. You can either transfer your prescriptions to Home Delivery, or ***opt out*** of the program.

**Express Advantage Network** - Effective 7/1/2015 certain pharmacies will remain preferred pharmacies (Tier 1) and others will no longer be preferred pharmacies (Tier 2). When you fill your prescriptions at a preferred Tier 1 pharmacy, you will pay the copay as outlined for your plan. *After 7/1/15, if you choose to use a Tier 2 pharmacy, you will pay an* ***additional $15 plus your copay for each prescription*** *you fill at a non-preferred pharmacy*.

Some examples of preferred Tier 1 pharmacies include (but are not limited to) Rite Aid, Stater Bros., Albertsons, Vons, Costco, Target, Sam's Club and Walmart.

**Other Programs will remain in place and include;**

**Generics Preferred -** If a brand drug is selected when a generic drug is available the cost will include the copay plus the difference in cost between the brand and generic, unless the doctor indicates brand only.

**Accredo Exclusive Specialty Program** - All specialty medications must go through the Accredo Pharmacy after one fill at retail. Please call 1-800-922-8279 if you are on a specialty injectable medication or specialty drug.

**Prior Authorization** - Prior authorization is needed for certain medications – please refer to the back of this page for more details.

**All prescription medications are covered by your plan. However some prescription products are excluded under your plan and are noted below.**

| | |
|---|---|
| ▪ All over-the-counter products & drugs, and over the counter equivalents**<br>▪ Serums, Toxoids, Vaccines<br>▪ Depigmentation agents and Injectable Cosmetic agents<br>▪ Durable Medical Equipment<br>▪ Drugs used for investigational purposes, of for off-label use<br>▪ Diagnostic, Testing and Imaging Supplies | ▪ Homeopathic Medications and Medical Foods<br>▪ Fertility Agents<br>▪ Hair Growth Agents<br>▪ Contraceptive Devices, Implants, and IUDs<br>▪ Injectable Drugs to treat impotency (Yohimbine)<br>▪ Allergens<br>▪ Unit dose packaging, or repackaged products |

The following OTC drugs are covered: Diabetic Supplies, Peak Flow Meters, Non Insulin Syringes, and Respiratory Therapy Supplies. *Certain Injectable medications are not covered. ** Please call 1-888-806-4969 if you have a question on a drug that is not outlined or visit our website at express-scripts.com.

## Prior Authorization & Step Therapy

Prior authorization is needed for certain medications. If you have questions on a particular drug, please contact Customer Service or visit express-scripts.com to perform a coverage check. Please have your doctor call Express Scripts at 1-800-935-6103 to go through a clinical review on your medication if it is subject to prior authorization.

Prior Authorization is a program that helps you get the prescription drugs you need ***with safety, savings and — most importantly — your good health in mind.*** It helps you get the most from your healthcare dollars with ***prescription drugs that work well for you and that are covered by your pharmacy benefit***. It also helps control the rising cost of prescription drugs for everyone in your plan.

The program monitors certain prescription drugs to ensure that you are getting the appropriate drugs for your disease state. It works much like healthcare plans that approve certain medical procedures before they're done, to make sure you're getting tests you need: If you're prescribed a certain medication, that drug may need a "prior authorization." ***It makes sure you're getting a cost-effective drug that works for you.*** For instance, prior authorization ensures that covered drugs are used for treating medical problems rather than for other purposes.

## Drug Quantity Limits

The Drug Quantity Management program manages prescription costs by ensuring that the quantity of units supplied for each copayment are consistent with clinical dosing guidelines as recommended by the Food & Drug Administration (FDA). The program is designed to support safe, effective, and economic use of drugs while giving patients access to quality care. Express Scripts clinicians maintain a list of quantity limit drugs, which is based upon manufacturer-recommended guidelines and medical literature. Online edits help make sure optimal quantities of medication are dispensed per copayment and per days' supply.

| Express Scripts Home Delivery Pharmacy | Express Scripts Customer Service | Express Scripts Website |
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| PO Box 66567<br>St Louis, Mo | **1-888-806-4969**<br>Open 24 hours, 365 days a year | www.express-scripts.com |