

Mount Laurel Board of Education

Prescription Coverage Selections - Schools Health Insurance Fund/ Express Scripts

| Who Can Select This Plan? | All Employees | Hired Before 7/1/20 | Hired Before 7/1/20 | Hired Before 7/1/20 |
|---|------------------------------|--|--|--|
| | NJEHP& Garden State Plan | Rx Retail \$5/10/\$20 (HMO \$10 Plan) | Rx Retail 10% Coinsurance (POS \$10/ POS \$15 Plan) | Rx Retail \$15/\$30/\$50 (HMO \$40/\$50 Plan) |
| Retail Copays | | | | |
| Generic | \$5 Copay | \$5 Copay | 10% Coinsurance | \$15 Copay |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$10 Copay | \$10 Copay | 10% Coinsurance | \$30 Copay |
| Brand Name Drug (Generic Alternative Available) | Member Pays the Difference** | \$20 Copay | 10% Coinsurance | \$50 Copay |
| Retail Dispensing Limitation | 30 day supply | 30 day supply | 90 day supply | 30 day supply |
| Mail Order | | | | |
| Generic | \$10 Copay | \$5 Copay | 10% Coinsurance | \$30 Copay |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$20 Copay | \$15 Copay | 10% Coinsurance | \$60 Copay |
| Brand Name Drug (Generic Alternative Available) | Member Pays the Difference** | \$25 Copay | 10% Coinsurance | \$100 Copay |
| Mail Order Dispensing Limitation | 90 day supply | 90 day supply | 90 day supply | 90 day supply |
| Additional Features | | | | |
| *Step Therapy | Applies | Not Applicable | Not Applicable | Not Applicable |
| **Mandatory Generic | Applies | Not Applicable | Not Applicable | Not Applicable |
| ***Mail Order for Specialty Drugs | Applies | Applies | Applies | Applies |
| ****Closed Formulary | Applies | Applies | Applies | Applies |

***Step Therapy-** Where more than one medication in a certain drug class has been shown to be clinically effective but a varying costs, Step Therapy requires a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate.

****Mandatory Generics-** The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

*****Accredo** is the specialty pharmacy for Express Scripts. Specialty pharmaceuticals typically require special handling and patient monitoring.

******Closed Formulary** - Certain medications are excluded from the covered drug list. A great majority of brand-name medications and generic medications are included in the formulary. All conditions with excluded medications have covered clinically equivalent medications. Please note, the formulary may change throughout the year, and for a copy of the most up to date version, please refer to Express Scripts website: <https://www.express-scripts.com/>

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical, prescription, dental, and vision programs. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.