

Prescription Drug Benefit Summary

Effective January 1 – December 31, 2012

Prescription Drug Plan								
	Prime Care Advantage	Prime Advantage Value	Independent Choice	Out-of Area Plan	Prime Advantage Plus	Prime Care Connect		
Feature	Retail Pharmacy		Home Delivery		Retail Pharmacy	Home Delivery	Retail Pharmacy	Home Delivery
Annual Out-of-Pocket Maximum¹	\$ 2,500 per person, no family maximum					\$ 1,250 per person no family maximum		
Supply Limitations	30-day supply		90-day supply		30-day supply	90-day supply	30-day supply	90-day supply
Generic Drug	\$8 copay		\$17 copay		\$8 copay	\$17 copay	\$4 copay	\$10 copay
Formulary Brand Name Drug	30% coinsurance, up to \$80		\$30% coinsurance, up to \$200		\$35 copay	\$90 copay	30% coinsurance, up to \$30	30% coinsurance, up to \$75
Non-Formulary Brand Name Drug	50% coinsurance, no maximum		50% coinsurance, no maximum		\$60 copay	\$150 copay	50% coinsurance, no maximum	50% coinsurance, no maximum

Value-Based Drug Plan ²							
	Prime Care Advantage	Prime Advantage Value	Independent Choice	Prime Care Connect	Out-of Area Plan	Prime Advantage Plus	
Feature	Retail Pharmacy			Home Delivery		Retail Pharmacy	Home Delivery
Annual Out-of-Pocket Maximum¹	\$ 2,500 per person, no family maximum ⁹						
Supply Limitations	30-day supply			90-day supply		30-day supply	90-day supply
Generics	Not available			\$0		Not available	\$0
Formulary Brand-Name Drugs	Not available			15% coinsurance, up to \$100		Not available	\$45 copay
Non-Formulary Brand-Name Drugs³	Not available			50% coinsurance, no maximum		Not available	\$150 copay

Specialty Medication Plan ⁴			
Feature	Retail Pharmacy		Home Delivery
Annual Out-of-Pocket Maximum¹	\$ 2,500 per person, no family maximum ⁹		
Supply Limitations	30-day supply		
Generic Drug	20% coinsurance, \$8 minimum, up to \$35		20% coinsurance, \$7 minimum, up to \$30
Formulary Brand Name Drug	20% coinsurance, up to \$80		20% coinsurance, up to \$67
Non-Formulary Brand Name Drug	50% coinsurance, no maximum		50% coinsurance, no maximum

Infertility Medication Plan ^{5,6,7,8}			
Feature	Retail Pharmacy		Home Delivery
Lifetime Maximum Benefit	\$ 25,000		
Supply Limitations	30-day supply		
Generic Drug	20% coinsurance, \$8 minimum, up to \$35		20% coinsurance, \$7 minimum, up to \$30
Formulary Brand Name Drug	30% coinsurance, no maximum		30% coinsurance, no maximum
Non-Formulary Brand Name Drug	50% coinsurance, no maximum		50% coinsurance, no maximum

1 The prescription drug program annual out-of-pocket maximum is separate from the medical plan annual out-of-pocket maximum.

2 Eligibility for the Value-Based Drug Prescription Plan is based on enrollment in a university medical plan and actively participating in the Care Coordination Program for management of specific chronic conditions (asthma, chronic obstructive pulmonary disease (COPD), diabetes, and heart disease). Visit yourplanforhealth.com to learn more about the Care Coordination Program.

Beginning 1/1/12 all VBD participants are expected to use Home Delivery for all of maintenance medications in order to receive the VBD discount. Information will be sent to you if you qualify and participate in the Care Coordination Program. For more information contact the OSU Health Plan at 1-800-678-6269.

3 Non-Formulary Brand Name Drugs are not eligible for the Value-Based Drug Plan.

4 For specialty medication fact sheets, visit hr.osu.edu/benefits/hb_prescription.

5 The infertility treatment medical benefit includes the cost of prescription medications and requires prior authorization from OSU Health Plan.

6 The prescription drug program annual out-of-pocket maximum does not apply to infertility medications.

7 Infertility treatment has a separate lifetime maximum benefit.

8 The infertility drug coinsurance does not have a maximum coinsurance per prescription.

9 Prime Care Connect enrollees have a \$1,250 per person annual out-of-pocket maximum.

Note: The Prescription Drug Plan, Value-Based Drug Plan, and Specialty Medication Plan designs have a combined annual out-of-pocket maximum.

Notes: Certain prescription drugs require prior authorization; refer to hr.osu.edu/benefits/hb_prescription for additional information. This document is intended to be a short summary of program provisions. Plan limitations and exclusions are not included.

For greater details about the Prescription Drug Program, refer to the Medical Plans – Specific Plan Details document, available online at hr.osu.edu/benefits/hb_prescription. If the information in this summary differs from the online information, the online information will govern.