

# Prescription Drug Benefit Summary

Effective January 1 – December 31, 2009

Prescription Drug Plan Design					
	Prime Care Advantage	Prime Advantage Value	Independent Choice	Out-of Area Plan	Prime Advantage Plus
Feature	Retail Pharmacy		Home Delivery		
	Retail Pharmacy		Home Delivery		
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$ 2,000 per person, no family maximum				
<b>Supply Limitations</b>	30-day supply		90-day supply		
<b>Generic Drug</b>	\$5 copay		\$12 copay		
<b>Formulary Brand Name Drug</b>	30% coinsurance, up to \$60		\$30% coinsurance, up to \$150		
<b>Non-Formulary Brand Name Drug</b>	50% coinsurance, no maximum		50% coinsurance, no maximum		

Value-Based Prescription Drug Plan <sup>2</sup>					
	Prime Care Advantage	Prime Advantage Value	Independent Choice	Out-of Area Plan	Prime Advantage Plus
Feature	Retail Pharmacy		Home Delivery		
	Retail Pharmacy		Home Delivery		
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$ 2,000 per person, no family maximum				
<b>Supply Limitations</b>	30-day supply		90-day supply		
<b>Generics</b>	\$0		\$0		
<b>Formulary Brand-Name Drugs</b>	15% coinsurance, \$30 maximum		15% coinsurance, \$75 maximum		
<b>Non-Formulary Brand-Name Drugs<sup>3</sup></b>	50% coinsurance, (no maximum)		50% coinsurance, no maximum		

Specialty Medications <sup>4</sup>			
Feature	Retail Pharmacy	Home Delivery	University Medical Plans
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$ 2,000 per person, no family maximum		
<b>Supply Limitations</b>	30-day supply	30-day supply	30-day supply
<b>Generic drug</b>	\$5 copay	\$4 copay	20% coinsurance, no maximum <sup>5</sup>
<b>Formulary Brand Name Drug</b>	20% coinsurance, up to \$60 <sup>5</sup>	20% coinsurance, up to \$50 <sup>5</sup>	20% coinsurance, no maximum <sup>5</sup>
<b>Non-Formulary Brand Name Drug</b>	50% coinsurance, no maximum	50% coinsurance, no maximum	50% coinsurance, no maximum

Infertility Medications <sup>6,7</sup>		
Feature	Retail Pharmacy	Home Delivery
<b>Lifetime Maximum Benefit<sup>8</sup></b>	\$ 25,000	
<b>Supply Limitations</b>	30-day supply	30-day supply
<b>Generic Drug</b>	\$5 copay	\$4 copay <sup>9</sup>
<b>Formulary Brand Name Drug</b>	30% coinsurance, no maximum <sup>10</sup>	30% coinsurance, no maximum <sup>10</sup>
<b>Non-Formulary Brand Name Drug</b>	50% coinsurance, no maximum <sup>10</sup>	50% coinsurance, no maximum <sup>10</sup>

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 Prescription Drug Plan is based on enrollment in a university medical plan and actively participating in the CareAllies care coordination program for management of specific chronic conditions (asthma, chronic obstructive pulmonary disease (COPD), diabetes, and heart disease). Visit [yourplanforhealth.com](http://yourplanforhealth.com) to learn more about the CareAllies care coordination program.

3 Not eligible for the Value-Based Prescription Drug Plan.

4 For specialty medication fact sheets, visit [hr.osu.edu/benefits/healthprescription.htm](http://hr.osu.edu/benefits/healthprescription.htm).

5 Prime Advantage Plus Non-Network coverage for generic and formulary specialty medications has a 30% coinsurance

6 The infertility treatment medical benefit includes the cost of prescription medications and requires prior authorization from Managed Health Care Systems (MHCS).

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

8 Infertility treatment has a separate lifetime maximum benefit.

9 Certain non-specialty generic medications are available as a 90-day supply with a \$12 copay.

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

**Notes:** Certain prescription drugs require prior authorization; refer to [hr.osu.edu/benefits/healthprescription.htm](http://hr.osu.edu/benefits/healthprescription.htm) 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/hrpubs](http://hr.osu.edu/hrpubs). If the information in this summary differs from the online information, the online information will govern.