

Prescription Drug Benefit Summary

Effective January 1 – December 31, 2008

FEATURE	RETAIL PHARMACY	HOME DELIVERY
Annual Out-of-Pocket Maximum¹	\$ 2,000 per person, no family maximum	
Supply Limitations	30-day supply	90-day supply
Generic Drug	\$5 copay	\$10 copay
Formulary Brand Name Drug	30% coinsurance, up to \$80 ^{2,3}	\$30% coinsurance, up to \$200 ^{2,3}
Non-Formulary Brand Name Drug	50% coinsurance ^{2,3} , no maximum coinsurance	50% coinsurance ^{2,3} , no maximum coinsurance
Specialty Medication⁴:		
Formulary brand name	20% coinsurance; \$80 copay maximum	20% coinsurance; \$200 copay maximum
Non-formulary brand	50% coinsurance; no minimum/maximum copay	50% coinsurance; no minimum/maximum copay

- 1** The prescription drug program annual out-of-pocket maximum is separate from the medical plan annual out-of-pocket maximum.
- 2** If an equivalent generic drug is available but a brand name drug is dispensed you pay the coinsurance plus the cost difference between the brand-name and generic drug. The coinsurance maximum does not apply if a brand-name drug is received when a generic equivalent drug is available. This difference in cost between the available generic drug and dispensed brand name drug does not count toward the prescription drug or medical plan annual out-of-pocket maximum.
- 3** The infertility drug coinsurance does not have a maximum coinsurance per prescription and does not apply toward the prescription drug or medical plan annual out-of-pocket maximum.
- 4** Specialty medications are typically injectable, biotechnological in nature and may require special handling/delivery and/or distinct safety protocols. They may alternatively be covered under your university medical plan. For more information about specialty medications visit hr.osu.edu/benefits/healthprescription.htm.

Notes: Certain prescription drugs require prior authorization; refer to hr.osu.edu/benefits/healthprescription.htm for additional information.

Note: 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. If the information in this summary differs from the online information, the online information will govern.