

**EFFECTIVE JANUARY 1 – DECEMBER 31, 2019**

**PRESCRIPTION DRUG PLAN**

	PRIME CARE ADVANTAGE			PRIME CARE CONNECT		
	PRIME CARE CHOICE					
	OUT OF AREA PLAN					
Annual Out-of-Pocket Maximum <sup>1</sup>	\$2,500 per person, \$5,000 per family			\$2,000 per person, \$4,000 per family		
Deductible <sup>2</sup>	\$50 per person, \$100 per family			No deductible		
	Preferred Pharmacy	Non-Preferred Pharmacy	Home Delivery or Retail <sup>90</sup> Pharmacy <sup>3</sup>	Preferred Pharmacy	Non-Preferred Pharmacy	Home Delivery or Retail <sup>90</sup> Pharmacy <sup>3</sup>
Supply Limitations	30-day supply	30-day supply	90-day supply	30-day supply	30-day supply	90-day supply
Generic Drug	\$10 copay	\$20 copay	\$25 copay	\$8 copay	\$18 copay	\$20 copay
Formulary Brand Name Drug	30% coinsurance, up to \$100	35% coinsurance, up to \$110	30% coinsurance, up to \$250	30% coinsurance, up to \$40	35% coinsurance, up to \$50	30% coinsurance, up to \$100
Non-Formulary Brand Name Drug	50% coinsurance, no maximum	55% coinsurance, no maximum	50% coinsurance, no maximum	50% coinsurance, no maximum	55% coinsurance, no maximum	50% coinsurance, no maximum

**VALUE BASED DRUG PLAN<sup>4, 5, 6</sup>**

	PRIME CARE ADVANTAGE		PRIME CARE CONNECT	
	PRIME CARE CHOICE			
	OUT OF AREA PLAN			
	Preferred Pharmacy	Home Delivery or Retail <sup>90</sup> Pharmacy <sup>3</sup>	Preferred Pharmacy	Home Delivery or Retail <sup>90</sup> Pharmacy <sup>3</sup>
Supply Limitations	30-day supply	90-day supply	30-day supply	90-day supply
Generic Drug	\$0	\$0	\$0	\$0
Formulary Brand Name Drug	15% coinsurance, up to \$50	15% coinsurance, up to \$125	15% coinsurance, up to \$20	15% coinsurance, up to \$50
Non-Formulary Brand Name Drug	50% coinsurance, no maximum	50% coinsurance, no maximum	50% coinsurance, no maximum	50% coinsurance, no maximum

**SPECIALTY MEDICATION PLAN**

FEATURE	RETAIL DELIVERY	OSUWMC PHARMACY AND ACCREDO
Supply Limitations	30-day supply	
Generic Drug	Not Available	20% coinsurance, up to \$50
Formulary Brand Name Drug		20% coinsurance, up to \$100
Non-Formulary Brand Name Drug		50% coinsurance, no maximum

**INFERTILITY MEDICATION PLAN<sup>7, 8, 9, 10</sup>**

FEATURE	RETAIL DELIVERY	HOME DELIVERY
Lifetime Maximum Benefit	\$15,000	
Supply Limitations	30-day supply	
Generic Drug	20% coinsurance, up to \$50	20% coinsurance, up to \$50
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

<sup>1</sup> The Prescription Drug Program annual out-of-pocket maximum is based on plan enrollment and is separate from the medical plan annual out-of-pocket maximum.

<sup>2</sup> The deductible applies to brand name medications only.

- 3 Retail90 is Express Scripts' program which allows individuals to fill their prescriptions for up to a 90-day supply via select retail pharmacies.
  - 4 The Value-Based Drug Plan eligibility is based on actively participating in the Care Coordination Program for management of specific chronic conditions (asthma, chronic obstructive pulmonary disease (COPD), diabetes, and heart disease). Visit [yp4h.osu.edu](http://yp4h.osu.edu) to learn more about the Care Coordination Program.
  - 5 Non-Formulary Brand Name Drugs are not eligible for the Value-Based Drug Plan.
  - 6 The Value-Based Drug Plan is not available at Non-Preferred Pharmacies.
  - 7 The infertility treatment medical benefit includes the cost of prescription medications and requires prior authorization from OSU Health Plan.
  - 8 The Prescription Drug Program annual out-of-pocket maximum does not apply to infertility medications.
  - 9 Infertility treatment has a separate lifetime maximum benefit.
  - 10 The infertility drug coinsurance does not have a maximum coinsurance per prescription for formulary and non-formulary brand name medications.
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**Note:** The Prescription Drug Plan, Value-Based Drug Plan and Specialty Medication Plan designs have a combined deductible and annual out-of-pocket maximum.

Certain prescription drugs require prior authorization; refer to [hr.osu.edu/oe](http://hr.osu.edu/oe) 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/oe](http://hr.osu.edu/oe). If the information in this summary differs from the Specific Plan Details document, the Specific Plan Details document will govern.

## PREVENTIVE DRUG LIST

DRUG CATEGORY	ELIGIBILITY CRITERIA
Aspirin for cardiovascular disease	Men age 45 to 79 years AND Women age 55 to 79 years
Aspirin for preeclampsia	Women of child-bearing years, who are at increased risk of preeclampsia after 12 weeks gestation
Oral fluoride supplementation	Children from birth through 5 years old
Iron supplementation in children	Children from birth to 12 months of age
Folic acid supplementation	All women planning or capable of pregnancy
Breast cancer prevention	Subject to prior authorization: <ul style="list-style-type: none"> <li>• Tamoxifen (generic)</li> <li>• Raloxifene (generic)</li> <li>• Soltamox (Tamoxifen liquid) (brand)</li> </ul>
Vaccines	See <a href="https://osuhealthplan.com/forms-and-downloads">osuhealthplan.com/forms-and-downloads</a>
Bowel Preparations	Certain bowel preparation agents for screening colonoscopy for men and women ages 50 to 75 years
Statin drugs for the primary prevention of cardiovascular disease	Low- to moderate-dose statins for men and women age 40-75 years. These medications include: <ul style="list-style-type: none"> <li>• Atorvastatin</li> <li>• Fluvastatin IR and XL</li> <li>• Lovastatin</li> <li>• Pravastatin</li> <li>• Simvastatin</li> <li>• Rosuvastatin</li> </ul>

## WOMEN'S HEALTH/CONTRACEPTIVE COVERAGE

DRUG/ DEVICE CATEGORY	ELIGIBILITY CRITERIA
At least one form of women's contraception in each of the 18 "methods" of contraception outlined in the FDA birth control guide. See <a href="https://osuhealthplan.com/forms-and-downloads">osuhealthplan.com/forms-and-downloads</a> .	Women only. No age restriction.

## TOBACCO CESSATION COVERAGE

DRUG CATEGORY	ELIGIBILITY CRITERIA
Prescription and Over-the-Counter products with a physician prescription	Men and women age 18 and older.