## Prescription Drug Benefit

<table>
<thead>
<tr>
<th></th>
<th><strong>Prime Care Advantage</strong></th>
<th><strong>Prime Care Choice</strong></th>
<th><strong>Prime Care Connect</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$2,500 per person, $5,000 per family</td>
<td>$2,000 per person, $4,000 per family</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$50 per person, $100 per family</td>
<td>No deductible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Preferred Pharmacy</th>
<th>Non-Preferred Pharmacy</th>
<th>Home Delivery or Retail90 Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Drug</strong></td>
<td>$10 copay</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>Formulary Brand Name Drug</strong></td>
<td>30% coinsurance, up to $100</td>
<td>35% coinsurance, up to $110</td>
<td>30% coinsurance, up to $250</td>
</tr>
<tr>
<td><strong>Non-Formulary Brand Name Drug</strong></td>
<td>50% coinsurance, no maximum</td>
<td>55% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

## Valued Based Drug Benefit

<table>
<thead>
<tr>
<th></th>
<th><strong>Prime Care Advantage</strong></th>
<th><strong>Prime Care Choice</strong></th>
<th><strong>Prime Care Connect</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supply Limitations</strong></td>
<td>up to 30-day supply</td>
<td>up to 90-day supply</td>
<td>up to 30-day supply</td>
</tr>
<tr>
<td><strong>Generic Drug</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Formulary Brand Name Drug</strong></td>
<td>15% coinsurance, up to $50</td>
<td>15% coinsurance, up to $125</td>
<td>15% coinsurance, up to $20</td>
</tr>
<tr>
<td><strong>Non-Formulary Brand Name Drug</strong></td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

## Specialty Medication Benefit

<table>
<thead>
<tr>
<th></th>
<th>Retail Pharmacy</th>
<th>OSUWMC Pharmacy and Accedo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supply Limitations</strong></td>
<td>up to 30-day supply</td>
<td>20% coinsurance, up to $50</td>
</tr>
<tr>
<td><strong>Generic Drug</strong></td>
<td>Not Available</td>
<td>20% coinsurance, up to $100</td>
</tr>
<tr>
<td><strong>Formulary Brand Name Drug</strong></td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

1. Specific preferred insulin products will be available for a $25 copay per 34-day supply and a $75 copay per 90-day supply through the Express Scripts Patient Assurance Program only at Preferred Pharmacies.
2. The Prescription Drug Benefit annual out-of-pocket maximum is based on benefit enrollment and is separate from the medical benefit annual out-of-pocket maximum.
3. Fertility treatment has a combined medical and pharmacy $15,000 lifetime maximum and is limited to a 30-day supply per fill. Prior Authorization from OSU Health Plan is required.
4. The deductible applies to brand name medications only.
5. Retail90, also known as Smart90, is Express Scripts’ program which allows individuals to fill their prescriptions for up to a 90-day supply via select retail pharmacies.
6. The Value-Based Drug Benefit 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 osuhealthplan.com to learn more about the Care Coordination Program.
7. Non-Formulary Brand Name Drugs are not eligible for the Value-Based Drug Benefit.
8. The Value-Based Drug Benefit is not available at Non-Preferred Pharmacies.
9. Certain specialty medications are included in the SaveonSP copay assistance program and subject to a different copay structure. While there are copays associated with each product included in the SaveonSP program, the member copay will be $0. If an individual chooses not to enroll in SaveonSP, they will be responsible for the prescription drug copay for qualified medications, and the copay amount will not apply to the Prescription Drug Benefit out-of-pocket maximum.
10. In certain cases, the outpatient pharmacy at Nationwide Children’s Hospital may also fill prescriptions under the Specialty Medication Benefit. Contact OSU Health Plan for details.