### PRESCRIPTION DRUG PLAN

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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Preferred Pharmacy</th>
<th>Non-Preferred Pharmacy</th>
<th>Home Delivery or Retail90 Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Limitations</td>
<td>30-day supply</td>
<td>30-day supply</td>
<td>90-day supply</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>$10 copay</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Formulary Brand Name Drug</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>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
<td>55% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

### VALUE BASED DRUG PLAN

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
<th>Out of Area Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Limitations</td>
<td>Preferred Pharmacy</td>
<td>Home Delivery or Retail90 Pharmacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30-day supply</td>
<td>90-day supply</td>
<td></td>
</tr>
<tr>
<td>Generic Drug</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
<td>15% coinsurance, up to $50</td>
<td>15% coinsurance, up to $125</td>
<td></td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td></td>
</tr>
</tbody>
</table>

### SPECIALTY MEDICATION PLAN

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

### INFERTILITY MEDICATION PLAN

<table>
<thead>
<tr>
<th>Feature</th>
<th>Retail Delivery</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum Benefit</td>
<td>$15,000</td>
<td></td>
</tr>
<tr>
<td>Supply Limitations</td>
<td>30-day supply</td>
<td>20% coinsurance, up to $50</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>20% coinsurance, up to $50</td>
<td>20% coinsurance, up to $50</td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
<td>30% coinsurance, no maximum</td>
<td>30% coinsurance, no maximum</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

1 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.
2 The deductible applies to brand name medications only.

CONTINUED
Retail90 is Express Scripts’ program which allows individuals to fill their prescriptions for up to a 90-day supply via select retail pharmacies.

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 to learn more about the Care Coordination Program.

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

The Value-Based Drug Plan is not available at Non-Preferred Pharmacies.

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

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

The Prescription Drug Program annual out-of-pocket maximum does not apply to infertility medications.

Infertility treatment has a separate lifetime maximum benefit.

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 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. If the information in this summary differs from the Specific Plan Details document, the Specific Plan Details document will govern.
# Preventive Drug List

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin for cardiovascular disease</td>
<td>Men age 45 to 79 years AND Women age 55 to 79 years</td>
</tr>
<tr>
<td>Aspirin for preeclampsia</td>
<td>Women of child-bearing years, who are at increased risk of preeclampsia after 12 weeks gestation</td>
</tr>
<tr>
<td>Oral fluoride supplementation</td>
<td>Children from birth through 5 years old</td>
</tr>
<tr>
<td>Iron supplementation in children</td>
<td>Children from birth to 12 months of age</td>
</tr>
<tr>
<td>Folic acid supplementation</td>
<td>All women planning or capable of pregnancy</td>
</tr>
<tr>
<td>Breast cancer prevention</td>
<td>Subject to prior authorization: • Tamoxifen (generic) • Raloxifene (generic) • Soltamox (Tamoxifen liquid) (brand)</td>
</tr>
<tr>
<td>Vaccines</td>
<td>See <a href="osuhealthplan.com/forms-and-downloads">osuhealthplan.com/forms-and-downloads</a></td>
</tr>
<tr>
<td>Bowel Preparations</td>
<td>Certain bowel preparation agents for screening colonoscopy for men and women ages 50 to 75 years</td>
</tr>
<tr>
<td>Statin drugs for the primary prevention of cardiovascular disease</td>
<td>Low-to moderate-dose statins for men and women age 40-75 years. These medications include: • Atorvastatin • Fluvastatin IR and XL • Lovastatin • Pravastatin • Simvastatin • Rosuvastatin</td>
</tr>
</tbody>
</table>

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# Women’s Health/Contraceptive Coverage

<table>
<thead>
<tr>
<th>Drug/ Device Category</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>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="osuhealthplan.com/forms-and-downloads">osuhealthplan.com/forms-and-downloads</a>.</td>
<td>Women only. No age restriction.</td>
</tr>
</tbody>
</table>

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# Tobacco Cessation Coverage

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription and Over-the-Counter products with a physician prescription</td>
<td>Men and women age 18 and older.</td>
</tr>
</tbody>
</table>