

EFFECTIVE JANUARY 1 – DECEMBER 31, 2024

PRESCRIPTION DRUG BENEFIT¹

	PRIME CARE ADVANTAGE			PRIME CARE CONNECT		
	PRIME CARE CHOICE					
	OUT OF AREA					
Annual Out-of-Pocket Maximum ^{2,3}	\$2,500 per person, \$5,000 per family			\$2,000 per person, \$4,000 per family		
Deductible ⁴	\$50 per person, \$100 per family			No deductible		
	Preferred Pharmacy	Non-Preferred Pharmacy	Home Delivery or Retail ⁹⁰ Pharmacy ⁵	Preferred Pharmacy	Non-Preferred Pharmacy	Home Delivery or Retail ⁹⁰ Pharmacy ⁵
Supply Limitations	up to 30-day supply	up to 30-day supply	up to 90-day supply	up to 30-day supply	up to 30-day supply	up to 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

VALUED BASED DRUG BENEFIT^{6,7,8}

	PRIME CARE ADVANTAGE		PRIME CARE CONNECT	
	PRIME CARE CHOICE			
	OUT OF AREA			
	Preferred Pharmacy	Home Delivery or Retail90 Pharmacy ⁵	Preferred Pharmacy	Home Delivery or Retail90 Pharmacy ⁵
Supply Limitations	up to 30-day supply	up to 90-day supply	up to 30-day supply	up to 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 BENEFIT⁹

FEATURE	RETAIL PHARMACY	OSUWMC PHARMACY AND ACCEDO ¹⁰
Supply Limitations	up to 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

- 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.
- 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.
- 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.
- The deductible applies to brand name medications only.
- 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.
- 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.
- Non-Formulary Brand Name Drugs are not eligible for the Value-Based Drug Benefit.
- The Value-Based Drug Benefit is not available at Non-Preferred Pharmacies.
- 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.
- 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.