

Law Enforcement Health Benefits
Prescription Drug Plan Information
Current as of July 10, 2023

TWO TIERED PRESCRIPTION BENEFIT

Tier 1 Benefit – Up to \$18,000 annual benefit maximum for Family usage (Rx Copays apply)

Tier 2 Benefit – Any dollar amount over \$18,000 for Family usage (50% coinsurance applies)

ABSOLUTELY NO EXCEPTIONS

Annual Rx OOP: 2022 Single: \$6,000
 2022 Family: \$12,000

RETAIL PHARMACY - Prescriptions at a network pharmacy up to a 30 day supply:

Generic: \$5.00 copay

Brand Formulary: \$10.00 copay

Brand Non-Formulary: \$15.00 copay

MAIL ORDER - Prescription filled for maintenance medications at Express Scripts Mail Order for a 90 day supply.

Note: Mandatory for maintenance drugs after the 4th fill at retail (members will receive a notice after their 3rd fill).

Generic Drug: \$10.00 copay for a 90 day supply

Brand Formulary: \$20.00 copay for a 90 day supply

Brand Non-Formulary: \$30.00 copay for a 90 day supply

Note: It takes 7 to 10 days for a member to receive their medication from Express Scripts. A complete list of maintenance medications available at listed website www.express-scripts.com

SPECIALITY DRUG - Administered through Accredo (LEHB's preferred Specialty Pharmacy).

Note: A letter of medical necessity from the member's doctor is required in order for request to be preapproved.

30 day supply **Generic Drug:** \$20.00 copay (30 day supply)
 Brand Formulary: \$20.00 copay (30 day supply)

STEP THERAPY PROGRAM

Since many different drugs are available for treating a medical condition, step therapy follows a step wise process to find the best-most efficient treatment for the member at their lowest co-pay. The member will be recommended to use a first line medication (defined by clinical experts as the simplest treatment and the preferred therapy for most people – at the member's lowest co-pay). **Requires preapproval.**

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Listed below are an example of the classes of drugs under Step Therapy:

ADHD
High Blood Pressure Specialty Medications
Asthma/ Allergies
Arthritis/Pain
Multiple Sclerosis High Cholesterol
Hypnotics
Inflammatory Conditions Dermatitis/Eczema
Diabetes
Growth Hormones Depression
Ulcer/Acid Reflux
Erythroid Stimulants
Pulmonary Hypertension Osteoporosis

Two Tier Rx Benefit

Tier 1 Benefit – The plan pays up to \$18,000 annual benefit maximum for Family usage the member's Rx Copays applies.

Tier 2 Benefit – After the plan pays \$18,000, the member is responsible for 50% Coinsurance.

ABSOLUTELY NO EXCEPTIONS

Single Rx Out of Pocket Maximum: \$6,000/year

Family Rx Out-of-Pocket Maximum: \$12,000/year

Over the Counter (OTC)

1. Doctor writes prescription for the OTC product. Present your prescription to the pharmacist along with the product. The member has **\$0 copay**

2. If the member continues taking one of the following brand name medications, the member's copay will be either \$5.00, \$10.00, or \$15.00 depending on the medication:

Alternatives to Claritin OTC and Zyrtec

Alternatives Prilosec OTC

Fexofenadine,

Nexium

Clarinx/D

Pantoprazole

Xyzal

Lansoprazole

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Helpful Definitions

- **Brand Name Drug** is the trade name under which the product is advertised and sold. Brand name drugs are patent-protected for 17 years.
- **Generic Drug** is the chemical copy of a brand name drug.
- **Specialty Drugs** treat chronic, complex conditions such as hepatitis C, multiple sclerosis and rheumatoid arthritis. They can be in self-injectable or oral form. Preapproval is required (letter of medical necessity from the member's doctor is needed).
- **Rx Out-of-Pocket Maximum** is the maximum amount a member can pay for covered prescription drugs during the benefit period. If only the member is covered under his/her plan, the Single Rx Out-of-Pocket is applicable. If the member covers additional family members, the Family Rx Out-of-Pocket amount applies.
- **Over the Counter (OTC)** means medications that are available to you without a prescription.