ATW
Effective January 1, 2019

PPO Plan

Deductible: $100 Individual/$300 Family
The calendar year deductible applies to pharmacy claims only. Each individual family member must meet the individual deductible unless the family deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP). The deductible applies to Brand medications only. Generic medications bypass deductible.

	30 Day Supply Retail	90 Day Supply Mail
Generic Medications	**$5**	**$10**
Preferred Brand Medications	**$30**	**$60**
Non-Preferred Brand Medications	**$50**	**$100**
Specialty Medications	**20%/$500 MAX**	

Maximum Out of Pocket (MOOP): $6,350 Individual/$12,700 Family
The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties do not apply to the MOOP.

CDHP

Deductible: $2,700 Individual/$5,400 Family
The calendar year deductible applies to pharmacy and medical claims. Each individual family member must meet the individual deductible unless the family deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	30 Day Supply Retail	90 Day Supply Mail
Generic Medications	**20%**	**20%**
Preferred Brand Medications	**20%**	**20%**
Non-Preferred Brand Medications	**20%**	**20%**

Maximum Out of Pocket (MOOP): $4,000 Individual/$8,000 Family
The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties do not apply to the MOOP.

Specialty Medications: Specialty medications are limited to 30 day supply and must be ordered from Accredo Specialty Pharmacy at 1-800-803-2523. Specialty medications may require prior authorization.

Generic Policy: If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand co-pay plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- ADD/ADHD Medications
- Androgens (prior authorization may be required)
- Compounded medication of which at least one ingredient is a legend drug (prior authorization may be required)
- Contraceptives: Oral, transdermal, intravaginal, implantable devices, injectable, diaphragms, IUD's and extended cycle products
- Diabetic Care: Oral Diabetic medications, Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- Gastrointestinal-Antiemetics (quantity limits and/or step therapy may apply)
- Growth Hormones (prior authorization may be required)
- Impotency Medications (quantity limits may apply)
- Influenza Medications (quantity limits may apply)
- Insomnia/Hypnotics (quantity limits and/or step therapy may apply)
- Migraine medications (quantity limits may apply)
- Narcolepsy Medications (prior authorization may apply)
- Pain/Narcotics (quantity limits and/or prior authorization may apply)
- Prescription and OTC smoking cessation (two 12 week programs per plan year); OTC requires prescription
- Prescription Vitamins
- Nutritional Supplements
- Topical Acne Medications

EXCLUSIONS*

- Formulary Exclusion List
- Anabolic Steroids
- Anti-obesity/Appetite Suppression medications
- Biologicals, Non-ACA Vaccines, Immunization Agents
- Blood Products and Serums
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Infertility Medications
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a physician's office, licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- OTC Products unless noted above
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- Therapeutic devices or appliances unless listed as a covered product

***This is not an inclusive list but is a representation of the most commonly used medications. Contact member services for specific drug coverage information**.

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Express-Scripts.com to check drug costs and coverage.