EFFECTIVE JANUARY 1 – DECEMBER 31, 2021

PRESCRIPTION DRUG PLAN[1]

	PRIME CARE ADVANTAGE PRIME CARE CHOICE OUT OF AREA PLAN		
Annual Out-of-Pocket Maximum[2]	$2,500 per person, $5,000 per family		
Deductible[3]	$50 per person, $100 per family		
	Preferred Pharmacy	Non-Preferred Pharmacy	Home Delivery or Retail90 Pharmacy[4]
Supply Limitations	30-day supply	30-day supply	90-day supply
Generic Drug	$10 copay	$20 copay	$25 copay
Formulary Brand Name Drug	30% coinsurance, up to $100	35% coinsurance, up to $110	30% coinsurance, up to $250
Non-Formulary Brand Name Drug	50% coinsurance, no maximum	55% coinsurance, no maximum	50% coinsurance, no maximum

VALUE BASED DRUG PLAN

	PRIME CARE ADVANTAGE PRIME CARE CHOICE OUT OF AREA PLAN	
	Preferred Pharmacy	Home Delivery or Retail90 Pharmacy[4]
Supply Limitations	30-day supply	90-day supply
Generic Drug	$0	$0
Formulary Brand Name Drug	15% coinsurance, up to $50	15% coinsurance, up to $125
Non-Formulary Brand Name Drug	50% coinsurance, no maximum	50% coinsurance, no maximum

SPECIALTY MEDICATION PLAN[8]

FEATURE	RETAIL DELIVERY	OSUWMC PHARMACY AND ACCREDO[9]
Supply Limitations	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

INFERTILITY MEDICATION PLAN[10, 11, 12, 13]

FEATURE	RETAIL DELIVERY	HOME DELIVERY
Lifetime Maximum Benefit	$15,000	
Supply Limitations	30-day supply	
Generic Drug	20% coinsurance, up to $50	20% coinsurance, up to $50
Formulary Brand Name Drug	30% coinsurance, no maximum	30% coinsurance, no maximum
Non-Formulary Brand Name Drug	50% coinsurance, no maximum	50% coinsurance, no maximum

1 Specific preferred insulin products will be available for a $25 copay per $30-day supply and a $75 copay per 90-day supply through the Express Scripts Patient Assurance Program. The insulin products included in this program are Humulin, Humalog and Lantus.

2 The Prescription Drug Plan annual out-of-pocket maximum is based on plan enrollment and is separate from the medical plan annual out-of-pocket maximum.

3 The deductible applies to brand name medications only.

4 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.

5 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.

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

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

8 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 Program out-of-pocket maximum.

9 In certain cases, the outpatient pharmacy at Nationwide Children's Hospital may also fill prescriptions under the Specialty Medication Plan. Contact OSU Health Plan for details.

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

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

12 Infertility treatment has a separate lifetime maximum benefit.

13 The infertility drug coinsurance does not have a maximum cost per prescription for formulary and non-formulary brand name medications.

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 Plan, 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.