



# Blue Plan

## 2021 Prescription Benefit for UToledo Consumer Driven Health Plan

	UTMC Pharmacy Locations 30 day supply	Retail 14 day supply
<b>Tier 1 (Generic)</b>	<b>\$10</b>	<b>\$10</b>
<b>Tier 2 (Preferred Brand)</b>	<b>20% (\$60 max per RX)</b>	<b>30% (\$100 max per RX)</b>
<b>Tier 3 (Non-preferred Brand)</b>	<b>30% (\$120 max per RX)</b>	<b>45%</b>
	UTMC Pharmacy Locations 31-90 day supply	Retail Over 14 day supply
<b>Tier 1 (Generic)</b>	<b>\$25</b>	<b>N/A</b>
<b>Tier 2 (Preferred Brand)</b>	<b>20% (\$150 max per RX)</b>	<b>N/A</b>
<b>Tier 3 (Non-preferred Brand)</b>	<b>30%</b>	<b>N/A</b>

<b>RX DEDUCTIBLES</b>	Shared with medical Individual-\$1500 Family-\$3000
<b>MAXIMUM OUT OF POCKET</b>	Shared with medical Individual \$2000 Family \$4200 Copays 100% after maximum out of pocket has been met
<b>EXCLUDED PRODUCTS</b>	Weight loss agents, diagnostic agents, ED agents, fertility agents, growth hormone, OTC medications (except insulin and testing supplies), cosmetics
<b>PRIOR AUTHORIZATIONS (PA)</b>	Any new to market drug, any drug listed on the PA list, Lupron, Botox, Retin-A for age <a href="http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-PriorAuth.pdf">http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-PriorAuth.pdf</a>
<b>SPECIALTY MEDICATIONS</b>	MUST FILL at UT Access Specialty Pharmacy primary (419-383-5763) / Diplomat secondary Website : <a href="http://www.utoledo.edu/outpatientpharmacy/utaccess">www.utoledo.edu/outpatientpharmacy/utaccess</a>
<b>DISPENSING BRAND NAME WHEN GENERIC IS AVAILABLE</b> The Plan requires that pharmacies dispense Generic Drugs if available when a brand drug is requested by either the provider (DAW1) or the member (DAW2).	This includes all FDA approved contraceptives. Should the brand name be chosen when a generic equivalent is available, the member will be responsible for the cost difference between the generic and the preferred or non-preferred brand drug in addition to the preferred or non-preferred brand drug copay. The cost difference is not covered by the plan and will not accumulate towards the member deductible or out-of-pocket maximum. <ul style="list-style-type: none"> <li>Members can still pay for the brand name drug.</li> <li>Brand name drugs will be covered for the following classes of drugs: thyroid medications, anticonvulsants, transplant medications and antipsychotics which will remain Tier 3 copay.</li> </ul>
<b>DME SUPPLIES</b>	Insulin pump supplies covered at UTMC pharmacies only-Tier 3 Nebulizer machines covered at UTMC pharmacies only-Tier 3 Glucometer- two meters per year- copay at formulary tier
<b>COMPOUNDS</b>	Limited to 30 day supply- preferred fill at Buderer (419-873-2800) or Aring Compound corner (419-841-3833)
<b>15% DISCOUNT IF USING UTMC PHARMACIES AND UT PHYSICIANS PROVIDERS</b>	You will receive a 15% discount if your prescription is written by a UT Physicians prescriber and filled at a UTMC Pharmacy before your deductible is met. Once you have met your deductible the standard copay/ coinsurance will apply and the discount will no longer apply.
<b>EPI PENS</b>	Total of 2 packs of 2 pens (total of 4) units per year
<b>VACCINES</b>	Covered at UTMC pharmacies only
<b>VACATION OVERRIDE/ LOST MEDICATION</b>	1 per drug per member per year
<b>QUANTITY LIMITS</b>	A quantity limit is the highest amount of a prescription drug that can be given to you by your pharmacy in a period of time. List of quantity limits can be found at: <a href="http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-QuantityLimits.pdf">http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-QuantityLimits.pdf</a>
<b>COST BELOW COPAY</b>	If cost of medication is less than the member's copay, the member will pay only the cost of the prescription. This applies to UTMC pharmacies only.
<b>FORMULARY</b>	The formulary can be found at: <a href="http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-Basic-Formulary.pdf">http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-Basic-Formulary.pdf</a>
<b>ACA Covered Medications</b>	The following medications are covered at zero copay: low dose aspirin products, generic tamoxifen and raloxifene, generic statins, generic prescription bowel prep agents, folic acid supplementation, generic oral fluoride for children, vaccines, generic contraceptives, smoking cessation products, and vitamin D supplementation.
<b>PREVENTATIVE MEDICATIONS</b>	Certain medications will be covered at the normal copay before you meet your deductible, the list of those medications can be found here: <a href="http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-PrevMedList.pdf">http://www.utoledo.edu/depts/hr/benefits/docs/prescriptions/CPRX-PrevMedList.pdf</a>

Please use this document as a reference for frequently asked questions about your University of Toledo Prescription Benefit.

Updated 9/8/2020

**Member webpage:** <http://www.hchr.com/members-page/>  
**Outpatient Pharmacy:** [www.utoledo.edu/outpatientpharmacy/](http://www.utoledo.edu/outpatientpharmacy/)

**Member Support Services:** 1- 844-636-7506  
**Benefits Website:** <https://www.utoledo.edu/depts/hr/benefits/open-enrollment/>