



## Bronze or Silver Plan 2020 Prescription Benefit for UToledo HSC Non-Union and UTP

	UTMC Pharmacy Locations 30 day supply	Retail 10 day supply
<b>Tier 1 (Generic)</b>	<b>\$7.26</b>	<b>\$7.26</b>
<b>Tier 2 (Preferred Brand)</b>	<b>\$18.15</b>	<b>\$18.15</b>
<b>Tier 3 (Non-preferred Brand)</b>	<b>\$36.30</b>	<b>\$36.30</b>
	UTMC Pharmacy Locations 31-90 day Supply	Retail 31-90 day Supply
<b>Tier 1 (Generic)</b>	<b>\$18.15</b>	<b>N/A</b>
<b>Tier 2 (Preferred Brand)</b>	<b>\$33.88</b>	<b>N/A</b>
<b>Tier 3 (Non-preferred Brand)</b>	<b>\$67.21</b>	<b>N/A</b>

<b>RX DEDUCTIBLES</b>	Does not apply				
<b>MAXIMUM OUT OF POCKET</b>	Silver Tier 1 Single- \$1000 Single +1- \$1500 Family- \$2000	Silver Tier 2 Single- \$2000 Single +1- \$3000 Family- \$4000	Silver Tier 3 Single- \$4000 Single +1- \$6000 Family- \$8000	Bronze In Network Single- \$1100 Single +1- \$2200 Family- \$3300	Bronze Out of Network Single- \$4300 Single +1- \$6600 Family- \$8900
<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).	<p>This includes all FDA approved contraceptives.</p> <p>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.</p> <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.				
<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 the cost of the 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>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>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>				

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

Updated 9/24/2019