City of Staunton and Staunton City Schools
Effective January 1, 2017

POS Plan

	Retail Pharmacy	Mail Order
Generic Medications	**$ 10**	**$ 20**
Preferred Brand Medications	**$ 30**	**$ 60**
Non-Preferred Brand Medications	**$ 60**	**$ 120**

* Specialty medications are limited to 30-day supply with applicable cost noted above

Medical & Rx Maximum Out of Pocket (MOOP): $3,000 Individual/$6,000 Family
The pharmacy copays apply to the MOOP. Each individual family member must meet the single 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%.

QHDHP Plan

	Retail Pharmacy	Mail Order
Generic Medications	**$ 10**	**$ 20**
Preferred Brand Medications	**$ 30**	**$ 60**
Non-Preferred Brand Medications	**$ 60**	**$ 120**

* Specialty medications are limited to 30-day supply with applicable cost noted above

Deductible: $3,000 Individual/$6,000 Family
Medical & Rx Maximum Out of Pocket (MOOP): $4,000 Individual/$8,000 Family
The deductible applies to pharmacy and medical. Once you have satisfied the deductible, your prescriptions will be subject to the copays. All eligible medical and pharmacy apply to the MOOP. Each individual family member must meet the single 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%.

Specialty Medications: Eligible specialty medications are limited to 30-day supply and must be ordered from Express Scripts at 1-800-803-2523. Specialty medications may require prior authorization and quantity limits may apply. Eligible specialty medications are subject to the copay associated with the formulary tier noted above.

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.

Step Therapy: Step therapy promotes the use of generic medications first before non-preferred brand medications. If you choose to use certain non-preferred brand-name drugs before trying a generic medication or a preferred brand medication, your prescription may not be covered and you may need to pay the full cost. Step therapy applies to the following drug classes: Cox-2, Hypnotics, Nasal Steroids, NSAID, Preferred PPI's, Oral Tetracycline, Topical Acne, Topical Corticosteroids and Protopic/Elidel.

Express Scripts Home Delivery Program (90-day supply): You have the option to fill your maintenance medications in a 90-day supply mail order benefit. Maintenance medications are those that treat an ongoing condition such as high blood pressure, diabetes or cholesterol.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- Compounded medication of which at least one ingredient is a legend drug (prior authorization may be required) Compounded medications equal to or exceeding $300 per prescription will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- ADD/ADHD Medications (step therapy applies)
- Contraceptives: Oral, transdermal, intravaginal, diaphragms, implantable devices, IUD's, injectable and extended cycle products
- Androgens/Testosterone (prior authorization required)
- Topical Acne Medications (prior authorization required over age 30)
- Migraine medications (quantity limits apply)
- Growth Hormones (prior authorization required)

- Anabolic Steroids (prior authorization required)
- Hypnotics (step therapy and quantity limits apply)
- Impotency Agents (quantity limits apply)
- Influenza Agents (quantity limits apply)
- Narcolepsy Medications (prior authorization required)
- Pain/Narcotics (quantity limits apply)
- Legend prenatal vitamins for pregnant or nursing females, liquid or chewable Legend pediatric vitamins for Children under age thirteen (13), potassium supplements to prevent/treat low potassium, and those whose coverage is mandated by federal law
- Prescription and OTC smoking cessation (two 12 week programs per plan year, must be 18 or over); OTC requires prescription

EXCLUSIONS*

- Biologicals, Blood Products, Serums, and Immunization Agents
- 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
- Anti-obesity/Appetite Suppression medications
- Nutritional Supplements
- Infertility Medications
- Topical Analgesic Pain Patches
- Vitamins unless noted above
- OTC Products unless noted above
- Formulary Exclusion List
- Therapeutic devices or appliances unless listed as a covered product. New to market drugs, including line extensions and new strengths until clinically reviewed
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- 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.

***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.