



Pharmacy Benefit Summary for TEXAS ANNUAL CONFERENCE

Script Care is a Pharmacy Benefit Manager and currently administers the pharmacy benefits for your employer's health plan. Over 64,000 retail pharmacies nationwide participate in the Script Care network. To locate a participating pharmacy in your area, visit www.scriptcare.com. Our Customer Service Department is available 24 hours a day, 7 days a week. Please call 1-800-880-9988 or e-mail your questions to customerservice@scriptcare.com.

COVERED MEDICATIONS

See below for some of the general categories that are covered under your prescription plan with Script Care:

Legend drugs as defined in this agreement.

Compound prescriptions of which at least one ingredient is a legend drug in a therapeutic amount, \$100.00 max at retail; (*over \$100.00 transferred to Script Care Compounding Pharmacy*).

Insulin and insulin syringes.

Prenatal vitamins.

Vitamins with fluoride.

ACA Medications (See reverse side)

ITEMS COVERED WITH PRIOR AUTHORIZATION

Dermatology.

Over max dollar limit.

Items Covered with Quantity Limitations:

Amerge – 9 tablets per 30 day supply.

Axert – 12 tablets per 30 day supply.

Copegus – 168 tablets per 28 day supply.

Frova – 9 tablets per 30 day supply.

Imitrex Injection – 4 Stat Doses/Systems or 4 vials per 30 day supply.

Imitrex Nasal Spray – 1 box per 30 day supply.

Imitrex Tablets – 18 tablets per 30 day supply.

Maxalt, Maxalt MLT – 18 tablets per 30 day supply.

Migranal Nasal Spray – 1 box per 30 day supply.

Relpax – 6 tablets per 30 day supply.

Stadol Nasal Spray – 2 bottles per 30 day supply.

Zomig, Zomig ZMT – 6 tablets per 30 day supply.

Zomig Nasal Spray – 1 box per 30 day supply.

EXCLUDED MEDICATIONS

Not all prescription medications are covered under your pharmacy benefits. Listed below are some of the general categories of medications that are not covered under your prescription plan with Script Care:

Over-the-Counter (OTC) drugs.

Biological serums (immunological vaccines).

Diet control drugs (anorexics).

Hair growth stimulants.

*PCSK9 Inhibitors

Non-drug items, such as stockings or devices, even if a prescription is required.

Experimental drugs or drugs required to be labeled: "Caution -- Limited by federal law to investigation use."

Refills obtained more than one year after the original prescription date or prior to 75% of the completion of the projected usage.

Retin A products for anyone 26 years of age and over.

Nutritional supplements other than those listed.

*Acthar.

*Glumetza

RX COPAYS

Standard PPO Plan

Per calendar year	<u>per member</u>	<u>per family</u>
Deductible:	\$50.00	\$100.00
Maximum OOP:	\$2,000.00	\$4,000.00

Deductible is applicable to Max OOP.

N/A to \$0 Copay Items.

<u>Retail</u>	Formulary:	\$55.00 plus 20% of the cost over \$275.00.
30 days	Non-formulary:	\$80.00 plus 20% of the cost over \$400.00.
	Generic:	\$10.00 plus 20% of the cost over \$50.00.
	\$0 Copay	ACA Medications; Generics & Brand w/o Generics Only for all ACA Medications.
	\$0 Copay	Generics for Asthma, Blood Pressure, Cholesterol, Diabetes, Proton-Pump Inhibitors
<u>Mail Order</u>	Formulary:	\$137.50 plus 20% of the cost over \$687.50
90 days	Non-formulary:	\$200.00 plus 20% of the cost over \$1,000.00
	Generic:	\$25.00 plus 20% of the cost over \$125.00
	\$0 Copay	ACA Medications; Generics & Brand w/o Generics Only for all ACA Medications.
	\$0 Copay	Generics for Asthma, Blood Pressure, Cholesterol, Diabetes, Proton-Pump Inhibitors
<u>Specialty</u>	Formulary:	\$55.00 plus 20% of the cost over \$275.00
30 days	Non-formulary:	\$80.00 plus 20% of the cost over \$400.00
	Generic:	\$10.00 plus 20% of the cost over \$50.00

High Deductible Plan

Retail

30 days	\$0 Copay	ACA Medications; Generics & Brand w/o Generics Only for all ACA Medications.
	\$0 Copay:	Generics for Asthma, Blood Pressure, Cholesterol, Diabetes, Proton-Pump Inhibitors

Mail Order

90 days	\$0 Copay	ACA Medications; Generics & Brand w/o Generics Only for all ACA Medications.
	\$0 Copay	Generics for Asthma, Blood Pressure, Cholesterol, Diabetes, Proton-Pump Inhibitors

You must present your Script Care information on the back of your Boon-Chapman ID card to your pharmacy to receive \$0 copay prescription drugs. Presenting your Script Care information to your pharmacy will also provide discounts for other prescriptions.

Dispense As Written Penalty: If your physician authorizes the use of a generic drug, and you insist upon the use of a brand name drug, then you must pay the difference between what the network pharmacy will be paid for the generic drug and the actual charge for the brand name drug. Physicians who insist upon the use of a brand name drug for a drug that has a generic equivalent available must so note on the face of the prescription.