



# Texas Annual Conference of the United Methodist Church Prescription Benefit Coverage

Administered by RxBenefits, Inc. and Express Scripts  
Effective January 1, 2021

**Note:** Members may contact RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](http://express-scripts.com).  
If there are any additional questions, please contact your Human Resource Department.

## Standard PPO Plan

Retail Pharmacy Coverage (1-30 day supply)		In-Network Pharmacy
Generic		20% Coinsurance ( \$10 Minimum)
Preferred Brand		20% Coinsurance ( \$55 Minimum)
Non-Preferred Brand		20% Coinsurance ( \$80 Minimum)

Retail Pharmacy Coverage (31-60 day supply)		In-Network Pharmacy
Generic		20% Coinsurance ( \$20 Minimum)
Preferred Brand		20% Coinsurance ( \$110 Minimum)
Non-Preferred Brand		20% Coinsurance ( \$160 Minimum)

Retail Pharmacy Coverage (61-90 day supply)		In-Network Pharmacy
Generic		20% Coinsurance ( \$30 Minimum)
Preferred Brand		20% Coinsurance ( \$165 Minimum)
Non-Preferred Brand		20% Coinsurance ( \$240 Minimum)

Mail Order Extended Supply (31-90 day supply)		In-Network Pharmacy
Generic		20% Coinsurance ( \$25 Minimum)
Preferred Brand		20% Coinsurance ( \$137.50 Minimum)
Non-Preferred Brand		20% Coinsurance ( \$200 Minimum)

## Accumulations

Deductible	\$50 Individual / \$100 Family
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Maximum Out-of-Pocket (MOOP)	\$2,000 Individual / \$4,000 Family
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The calendar year Deductible applies to pharmacy. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the coinsurance above. Generic Dispense as Written policy does not apply to the Deductible. The Deductible does apply to the Maximum Out-of-Pocket (MOOP).

The calendar year MOOP applies to pharmacy claims. Each individual family member must meet the individual 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%. Generic Dispense as Written policy does not apply to the MOOP.

## Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Accredo, Express Scripts' specialty pharmacy by calling Accredo at 1.800.803.2523. Some exceptions apply. These medications are limited to a 1-30 day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate coinsurance as listed below. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medications	Accredo
<b>Specialty Generic</b>	20% Coinsurance ( \$10 Minimum)
<b>Specialty Preferred Brand</b>	20% Coinsurance ( \$55 Minimum)
<b>Specialty Non-Preferred Brand</b>	20% Coinsurance ( \$80 Minimum)

## High Deductible Health Plan

Retail Pharmacy Coverage (1-90 day supply)	In-Network Pharmacy
<b>Generic</b>	20% Coinsurance
<b>Preferred Brand</b>	20% Coinsurance
<b>Non-Preferred Brand</b>	20% Coinsurance

Mail Order Extended Supply (31-90 day supply)	In-Network Pharmacy
Generic	20% Coinsurance
Preferred Brand	20% Coinsurance
Preferred Brand	20% Coinsurance

## Accumulations

Deductible	\$1,850 Individual / \$3,700 Family
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Maximum Out-of-Pocket (MOOP)	\$4,500 Individual / \$10,000 Family
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The calendar year Deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family Deductible. Once met, your covered prescriptions are subject to the coinsurance above. Generic Dispense as Written policy does not apply to the Deductible. The Deductible does apply to the Maximum Out-of-Pocket (MOOP).

The calendar year MOOP applies to pharmacy and medical claims. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the MOOP.

## Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Accredo, Express Scripts' specialty pharmacy by calling Accredo at 1.800.803.2523. Some exceptions apply. These medications are limited to a 1-30 day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate coinsurance as listed below. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication Copays	Accredo
Specialty Generic	20% Coinsurance
Specialty Preferred Brand	20% Coinsurance
Specialty Non-Preferred Brand	20% Coinsurance

## Additional Information

### Generic Drug

A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although a generic drug is

chemically identical to its branded counterpart, it is typically sold at substantial discounts from the branded drug's price.

### **Generic Policy - Dispense As Written (DAW)**

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.

### **Brand-Name**

A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

### **Non-Preferred Brand**

Non-Preferred Brand is a Brand Name prescription drug that does not appear on the formulary of Brand Name Drugs designated by Express Scripts as Preferred. Members may pay a higher cost for Non-Preferred Brand-Name Prescription Drugs than for Preferred Brand-Name prescription Drugs.

### **Preferred Brand Drug**

Preferred Brand Drug is a prescription drug that appears on the formulary of Brand-Name Prescription Drugs designated by Express Scripts Preferred. This list is subject to periodic review and modifications by Express Scripts. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on [express-scripts.com](http://express-scripts.com). Members pay a lower Coinsurance for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

### **Over-the-Counter Drug (OTC)**

Any medical substance that can be purchased without a prescription. OTC medications are not covered by your plan unless otherwise stated.

### **For More Information About the Prescription Benefit Coverage**

The Texas Annual Conference of the United Methodist Church has partnered with Express Scripts and RxBenefits to provide prescription drug benefits. Express Scripts serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, [express-scripts.com](http://express-scripts.com), is designed to help you explore ways to track your prescription benefits. You may use the site to locate pharmacies and compare prescription drug costs.

## **Questions?**

**Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.**