

**Lucas County Prescription Drug Plan  
Summary of Benefits and Coverage**

*Administered by: Navitus, 866-333-2757*

The benefit plan year for all benefits begins March 1, 2017 and continues through February 28, 2018

**Benefit level for Non-Drug Use Review Participants and Mail Order:**

- TIER I: 20% co-pay for generic medication, with a minimum \$5 per script and a maximum of \$20 per script up to a 30-day supply retail. Mail Order 90 day supply with 90 day copay.
- TIER II: 20% co-pay with a minimum \$40 per script and a maximum \$100 per script for brand name medication up to a 30-day supply retail. Mail Order 90 day supply with 90 day copay.
- TIER III: 20% or \$40 (whichever is greater) co-pay with no cap up to a 30-day supply retail & 30-day supply mail order

**Benefit level for Drug Use Review Participants:**

- TIER I: 20% co-pay for generic medication up to \$8 per script for up to a 90-day supply.
- TIER II: \$25 per script for brand name medication up to a 90-day supply.
- TIER III: 20% or \$40 (whichever is greater) co-pay up to a 30-day supply.
- Enrollees who complete the program will have their annual out-of-pocket maximum for Tier II brand name medications limited to \$350/year and a \$500/year out-of-pocket maximum for Tier III medications.
- Enrollees will also be eligible to receive up to \$50 worth of coupons toward their Tier II prescription drug copayments at the participating pharmacy.

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- All new brand name medications introduced to the market will be considered Tier III for a period of 36 months.
- Medications may be subject to change among Tiers during the course of the plan year.
- All medications costing in excess of \$500 must be referred to the claims administrator for prior authorization. Any specialty medication costing in excess of \$1,000 per script will be subject to medical management review and may be redirected for dispensing only through a specifically selected specialty pharmacy.
- Employees and/or family members on certain medications will be required to comply with a mandatory step formulary component.
- All brand name proton pump inhibitors, including Nexium, are not covered.
- The Plan will continue to pay 100% of the cost of certain over the counter (OTC) medications for enrollees with a prescription. These include, but may not necessarily be limited to: Prilosec OTC 20 mg, Zantac, Prevacid 24 hr., Claritin Syrup, Claritin Tablets, Claritin Reditab, Claritin-D 24 and store brand loratadine D-24 tablets. You must have a valid written prescription from your physician in order to receive this benefit.
- Consistent with the provisions of the Affordable Care Act Rules on expanding access to preventive services for women, the plan will provide access to certain FDA approved generic contraceptive medications without the requirement of a co-payment or coinsurance (excludes abortifacient drugs).

If you use a non-participating pharmacy, eligible expenses will be reimbursed at a reduced level. If you are vacationing or traveling outside of the network, you must purchase the prescription and submit eligible expenses for reimbursement, minus the applicable deductible. You may obtain reimbursement claim forms on the Lucas County Health Benefits website, or in the Health Benefits Department, Suite 440, in the Government Center.

Injectible insulin and oral contraceptives are covered. Disposable syringes and needles are also covered, but only when prescribed with insulin. Insulin and Human Organ Transplant drugs shall be considered generic for purposes of the Lucas County Drug Plan and are subject to the generic co-pay.

Generic Drug Policy: If a Brand Drug is dispensed when a generic equivalent is available, then the member is responsible for the copay plus any cost differential between the Brand Name and the Generic.

Coordination of Benefits Policy: If any eligible person is entitled to prescription drug benefits under another plan, and the eligible person is primary on that plan, expenses will be coordinated so that the primary plan pays first and the secondary plan pays the remaining eligible expense to the applicable co-payment amount.