



Edison Township Board of Education Plan Summary Garden State Plan

The following outline of your group’s outpatient prescription drug benefit is provided for your information. This document contains specific coverage information related to your prescription benefit provided by Edison Township Board of Education, and administered by Express Scripts, Inc. For more information about these drugs or others please call **Express Scripts’ Customer Service Center at (877) 412-6125**, download our mobile app, or visit Express-scripts.com.

Pharmacy Benefit Design

| Retail Copayments – 90 Day Supply | |
|---|------|
| Edison Township Board of Education | |
| Generic (1-30DS) | \$5 |
| Generic (31-60DS) | \$10 |
| Generic (61-90DS) | \$15 |
| Brand (1-30DS) | \$10 |
| Brand (31-60DS) | \$20 |
| Brand (61-90DS) | \$30 |
| Mail Service Copayments - 90 Day Supply | |
| Edison Township Board of Education | |
| Generic | \$10 |
| Brand | \$20 |

Medications Covered under the Affordable Care Act (ACA) are covered at a \$0.00 Copay

OOP Max Limits

Your Express Scripts Pharmacy Plan tracks out of pocket (OOP) dollars for your household. Once the Pharmacy Plan OOP max limit is met, copay charges under the pharmacy plan will cease through the end of the calendar year and will reset on January 1. The OOP Max limits in place are: \$1,600/individual and \$3,200/family.

Accredo Exclusive Specialty Program

To help control the rising costs of specialty prescription drugs, your plan requires you to fill all specialty medications through Express Scripts Accredo Pharmacy after one fill at a retail pharmacy. If you continue to fill your medication at a retail pharmacy after your first fill, you will be charged 100% of the medication cost until you move your medication to Accredo. Please call **Accredo at (844) 520-2674** if you are on a specialty injectable medication or specialty drug.

Using A Participating Retail Pharmacy

Network Pharmacies are contracted to accept special rates for your employers’ members. Present the Express Scripts Pharmacy ID card to your pharmacy to secure your special copayments under your plan. If you do not present your Express Scripts ID card to the pharmacy, you may be charged 100% of the cost of the medication. If you pay full price and submit a Paper Claim, it is important to note that your reimbursement will be based on the allowed amount, not what you paid at the store. You can find a pharmacy near you by using our mobile app or by visiting Express-scripts.com.

National Pharmacy Network

The Express Scripts National Pharmacy Network provides excellent national and regional access, including most major pharmacy chains, leading mass merchants, and many independent pharmacies. For assistance locating a pharmacy near you, please call **Express Scripts’ Customer Service Center at (877) 412-6125**, download our mobile app, or visit Express-scripts.com.

Using Express Scripts Home Delivery

Express Scripts offers Home Delivery of maintenance medications. Maintenance medications are typically used to treat long term conditions such as high blood pressure, diabetes, high cholesterol and cardio therapy. By using Express Scripts Home Delivery Pharmacy you can get a 90-day supply of your medication at a cheaper copayment than by filling your medication at a retail pharmacy. By making a switch to Express Scripts Home Delivery, you can save money by getting a larger 90-day supply of your medication for the cost of filling two 30-day supplies at a retail pharmacy. Call **Express Scripts’ Customer Service Center at (877) 412-6125** for help with getting started.

Getting Started with Express Scripts Home Delivery Pharmacy

Take advantage of added savings and the convenience of home delivery for your long-term, maintenance medications. To begin, ask your doctor for a new prescription written as a “**90-day supply, plus 3 refills.**” On the back of your prescription please write the cardholder ID #, the patient name and patient date of birth. Complete the Member Profile form included in your Express Scripts member packet and mail the form and original prescription(s) in the envelope provided to the Express Scripts Home Delivery pharmacy in St. Louis, MO. Please allow 14 days to receive your initial order. Once your new prescription is on file, refills will process and ship within 48 hours. A courtesy outreach is offered to you when your order is ready to ship. (Overnight, or second-day, delivery may be available for your area for an additional charge.) The Express Scripts Mail Service pharmacy will dispense generic medication whenever possible. The pharmacy may even contact your doctor for approval of a switch to the generic medication. When you receive your shipment please read the enclosed materials. Along with your medication, an invoice and drug information will be included. A refill slip will also be enclosed offering the date(s) you can place a refill order. Other enclosures may notify you of important product notifications.

Health, Allergy & Medication Questionnaire:

If you use Express Scripts Home Delivery or Accredo, you can log on to www.Express-Scripts.com/healthform to complete an online version of the Health, Allergy & Medication Questionnaire for yourself or your covered dependents. Or you can fill out the Health, Allergy & Medication Questionnaire provided with the Home Delivery form. Both of these forms are the same form just in different formats. It does not matter which form you complete as both will achieve the same result.

ePrescribing:

If you use Express Scripts Home Delivery and are interested in having your prescriber submit prescriptions electronically you can direct your prescriber here <http://lab.express-scripts.com/contact/physician-resources> for more information. If you use Accredo and you are interested in having your prescriber submit prescriptions electronically you can direct your prescriber here <http://www.accredo.com/healthcare-professionals/eprescribing> for more information.

Prior Authorization and Step Therapy:

Prior Authorization / Step Therapy is a program that helps you get the prescription drugs you need with safety, savings, and, most importantly, your health and well-being in mind. This program works much like a healthcare plan, where approval for certain medical procedures is required to ensure it is the most appropriate option for you. If you have questions on whether your medication requires a Prior Authorization or to check the status of a Prior Authorization, please call **Express Scripts’ Coverage Review Department at (800) 753-2851.**

Drug Quantity Limits

The Drug Quantity Management program manages prescription costs by ensuring that the quantity of units supplied for each copayment are consistent with clinical dosing guidelines as recommended by the Food & Drug Administration (FDA). The program is designed to support safe, effective, and economic use of drugs while giving patients access to quality care. Express Scripts clinicians maintain a list of quantity limit drugs, which is based upon manufacturer-recommended guidelines and medical literature. Online edits help make sure optimal quantities of medication are dispensed per copayment and per days’ supply.

Exclusions

| <i>Most Prescription Medications Are Covered By Your Plan. Common Excluded Products Are Noted Below.</i> | | |
|---|---|---------------------------|
| Abortifacients | Allergens | Depigmentation |
| Diagnostic, Testing and Imaging Supplies | Durable Medical Equipment | Hair Growth Agents |
| Homeopathic Meds and Medical Foods | Impotence Injectable and non Injectable | Injectable Cosmetics |
| IUDs | Photo-Aged Skin Products | Serums, Toxoids, Vaccines |
| Weight Management Products | Yohimbine | |
| ** All over-the-counter products & drugs and over-the-counter equivalents | | |
| *** Certain injectable or other medications are not covered. | | |

** Please call (877) 412-6125 if you have a question on a drug that is not outlined**