PARMA CITY SCHOOLS DISTRICT

MINUTES

INSURANCE COMMITTEE MEETING

January 14, 2025

Meeting called to order at 2:00 p.m.

Financials

- Sean discussed the Financials for the Insurance Fund. The fund balance as of 12/31/2024 was $2,644,105. Expenditures exceeded revenues for the month of December.

Wellness

- There was no wellness update.

Oswald

- Oswald provided their monthly financial update.

Meeting was adjourned at 2:44 p.m.

Next meeting: 2/11/25

FY 2025 Insurance Claims

	MMO	Express Scripts	Total	
01/10/25	379,503.18	207,128.04	586,631.22	Posted in January 2025
01/03/25	364,346.35	112,991.40	477,337.75	Posted in January 2025
12/27/24	287,344.95	197,576.06	484,921.01	
12/20/24	233,971.38	229,899.79	463,871.17	
12/13/24	396,056.06	154,708.11	550,764.17	
12/06/24	447,966.69	154,951.59	602,918.28	
11/29/24	352,426.35	170,574.35	523,000.70	
11/22/24	382,980.52	96,066.21	479,046.73	
11/15/24	488,985.90	141,837.53	630,823.43	
11/08/24	360,814.46	157,418.04	518,232.50	
11/01/24	450,214.84	134,116.11	584,330.95	
10/25/24	247,182.05	225,600.90	472,782.95	
10/18/24	309,215.96	154,603.08	463,819.04	
10/11/24	402,199.91	227,432.96	629,632.87	
10/04/24	212,303.58	180,980.97	393,284.55	
09/27/24	406,883.59	186,209.25	593,092.84	
09/20/24	378,928.07	164,561.92	543,489.99	
09/13/24	352,071.54	128,670.67	480,742.21	
09/06/24	252,991.39	115,166.22	368,157.61	
08/30/24	546,125.72	102,626.43	648,752.15	
08/23/24	469,840.91	146,939.12	616,780.03	
08/16/24	396,373.91	177,403.73	573,777.64	
08/09/24	663,034.78	184,274.34	847,309.12	
08/02/24	446,186.05	131,102.08	577,288.13	
07/26/24	397,998.02	186,254.23	584,252.25	
07/19/24	356,959.02	192,167.46	549,126.48	
07/12/24	271,142.38	141,349.40	412,491.78	
07/05/24	246,375.22	248,530.08	494,905.30	

Fiscal Year	2025	2024	2023
FY Beg. Balance (cash)	**$ 5,996,606.30**	**$ 6,985,590.17**	**$ 6,795,523.85**
Premiums			
Employees - Med/Rx	$ 1,807,997.58	$ 3,078,436.35	$ 3,142,631.17
Vision - Emp	$ 619.62	$ 1,131.04	$ 130,611.53
Board of Education - Med/Rx	$ 10,847,383.18	$ 20,624,545.46	$ 21,320,951.37
Vision - BoE	$ 61,811.22	$ 123,338.26	$ 931.68
Misc	$ 85,134.66	$ 43,760.96	$ 140,010.50
Total Revenue	***$ 12,802,946.26***	***$ 23,871,212.07***	***$ 24,735,136.25***
Total Expense	***$ 16,155,447.82***	***$ 24,860,195.94***	***$ 24,545,069.93***
Reserve Gain/(Loss)	***$ (3,352,501.56)***	***$ (988,983.87)***	***$ 190,066.32***
Claims			
Medical	$ 9,978,566.94	$ 15,911,171.06	$ 16,726,665.33
Prescription	$ 4,165,909.81	$ 5,699,333.25	$ 4,864,063.60
Vision	$ 50,815.51	$ 96,190.00	$ 82,607.75
Fixed Costs & Other			
Administration Fee	$ 413,032.84	$ 612,044.86	$ 784,277.35
Stop Loss Premiums	$ 1,389,733.86	$ 2,250,725.34	$ 1,862,905.66
Grail	$ -	$ 2,547.00	
Consultant/Legal Fees	$ 117,674.09	$ 236,264.37	$ 199,687.79
Subrogation	$ 5,587.78	$ 6,548.94	$ 2,745.24
Health Fair/Wellness	$ 5,950.48	$ 11,709.66	$ 12,034.21
ACA Fees	$ 7,323.15	$ -	$ -
Misc	$ 20,853.36	$ 33,661.46	$ 10,083.00
FY Ending Balance (cash)	**$ 2,644,104.74**	**$ 5,996,606.30**	**$ 6,985,590.17**

FY 2025 Insurance Fund by Month

Total FYTD			July	August	September	October	November	December
	Premiums							
$ 1,807,997.58	Employees	(3)	$ 251,585.16	$ 356,767.04	$ 258,585.36	$ 268,525.27	$ 268,979.71	$ 403,555.04
$ 619.62	Vision - Emp	(5)	$ 82.29	$ 124.76	$ 82.53	$ 102.74	$ 93.62	$ 133.68
$ 10,847,383.18	Board of Education	(2)	$ 1,653,749.57	$ 1,634,594.86	$ 1,762,275.77	$ 1,918,585.71	$ 1,934,779.83	$ 1,943,397.44
$ 61,811.22	Vision - BOE	(4)	$ 9,927.18	$ 9,610.08	$ 9,890.49	$ 10,667.55	$ 10,822.21	$ 10,893.71
$ 85,134.66	Misc	(1)	$ 35,742.30	$ -	$ -	$ -	$ -	$ 49,392.36
$ 12,802,946.26	***Total Revenue***		*$ 1,951,086.50*	*$ 2,001,096.74*	*$ 2,030,834.15*	*$ 2,197,881.27*	*$ 2,214,675.37*	*$ 2,407,372.23*
$ 16,155,447.82	***Total Expense***		*$ 3,159,805.35*	*$ 3,002,281.93*	*$ 2,844,970.77*	*$ 2,271,826.04*	*$ 2,440,543.29*	*$ 2,436,020.44*
$ (3,352,501.56)	***Reserve Gain/(Loss)***		*$ (1,208,718.85)*	*$ (1,001,185.19)*	*$ (814,136.62)*	*$ (73,944.77)*	*$ (225,867.92)*	*$ (28,648.21)*
	Claims							
$ 9,978,566.94	Medical	(1)	$ 1,718,660.69	$ 2,059,783.12	$ 2,138,711.93	$ 1,159,992.59	$ 1,670,988.88	$ 1,230,429.73
$ 4,165,909.81	Prescription	(2)	$ 897,494.95	$ 630,277.54	$ 419,926.09	$ 822,033.10	$ 477,276.83	$ 918,901.30
$ 50,815.51	Vision	(5)	$ -	$ 15,592.20	$ 7,571.11	$ 10,908.91	$ 12,006.84	$ 4,736.45
	Fixed Costs & Other							
$ 413,032.84	Administration Fee	(4)	$ 148,603.01	$ 51,705.32	$ 52,963.76	$ 53,188.13	$ 53,213.65	$ 53,358.97
$ 1,389,733.86	Stop Loss Premiums	(3)	$ 364,408.60	$ 203,042.08	$ 202,617.10	$ 205,426.19	$ 207,424.57	$ 206,815.32
$ -	Grail		$ -					
$ 117,674.09	Consultant/Legal Fees	(6)	$ 18,488.60	$ 34,430.30	$ 8,545.60	$ 18,181.00	$ 18,354.60	$ 19,673.99
$ 5,587.78	Subrogation	(7)	$ 330.02	$ 829.44	$ 868.58	$ 2,096.12	$ 1,277.92	$ 185.70
$ 5,950.48	Health Fair/Wellness	(9)	$ 5,950.48	$ -		$ -	$ -	
$ 7,323.15	ACA Fees	(8)	$ -	$ -	$ 7,323.15	$ -	$ -	
$ 20,853.36	Misc	(10)	$ 5,869.00	$ 6,621.93	$ 6,443.45	$ -	$ -	$ 1,918.98

FY 2024 Insurance Fund by Month

Total FYTD			July	August	September	October	November	December
	Premiums							
$ 1,350,977.35	Employees	(3)	$ 120,560.46	$ 220,801.46	$ 253,998.70	$ 251,178.39	$ 251,733.36	$ 252,704.98
$ 589.58	Vision - Emp	(5)	$ 43.27	$ 71.27	$ 113.42	$ 82.08	$ 199.78	$ 79.76
$ 9,892,104.01	Board of Education	(2)	$ 1,569,487.28	$ 1,565,495.84	$ 1,393,079.19	$ 1,779,850.59	$ 1,786,478.03	$ 1,797,713.08
$ 58,813.55	Vision - BOE	(4)	$ 9,315.53	$ 9,343.94	$ 8,304.30	$ 10,552.52	$ 10,610.00	$ 10,687.26
$ 34,797.92	Misc	(1)	$ 27,500.00	$ -		$ 3,917.69	$ 3,380.23	
$ 9,276,097.33	***Total Revenue***		*$ 1,726,906.54*	*$ 1,795,712.51*	*$ 1,655,495.61*	*$ 2,045,581.27*	*$ 2,052,401.40*	*$ 2,061,185.08*
$ 10,163,497.98	***Total Expense***		*$ 2,871,508.45*	*$ 1,722,770.95*	*$ 1,767,708.94*	*$ 1,857,717.15*	*$ 1,943,792.49*	*$ 2,133,002.68*
$ (887,400.65)	***Reserve Gain/(Loss)***		*$ (1,144,601.91)*	*$ 72,941.56*	*$ (112,213.33)*	*$ 187,864.12*	*$ 108,608.91*	*$ (71,817.60)*
	Claims							
$ 7,609,236.41	Medical	(1)	$ 1,647,810.33	$ 998,270.12	$ 1,497,817.15	$ 1,022,047.96	$ 1,155,474.23	$ 1,287,816.62
$ 2,196,200.17	Prescription	(2)	$ 679,501.89	$ 460,869.05	$ 1,828.70	$ 553,849.02	$ 500,151.51	$ 586,130.66
$ 43,722.23	Vision	(5)	$ 7,856.01	$ 8,508.26	$ 8,536.78	$ 7,431.80	$ 11,389.38	$ 6,791.03
	Fixed Costs & Other							
$ 310,507.69	Administration Fee	(4)	$ 101,228.17	$ 51,310.04	$ 52,011.73	$ 53,056.44	$ 52,901.31	$ 52,582.94
$ 1,122,848.29	Stop Loss Premiums	(3)	$ 374,946.17	$ 186,461.16	$ 184,988.14	$ 188,418.48	$ 188,034.34	$ 188,666.53
$ -	Grail		$ -	$ -	$ -	$ -	$ -	$ -
$ 133,767.53	Consultant/Legal Fees	(6)	$ 31,360.12	$ 12,915.66	$ 22,193.66	$ 31,726.46	$ 35,571.63	$ 8,724.80
$ 2,405.82	Subrogation	(7)	$ 319.30	$ 296.66	$ 332.78	$ 1,186.99	$ 270.09	$ 1,255.10
$ -	Health Fair/Wellness	(9)	$ -	$ -	$ -	$ -	$ -	$ -
$ -	ACA Fees	(8)	$ -	$ -	$ -	$ -	$ -	$ -
$ 32,626.46	Misc	(10)	$ 28,486.46	$ 4,140.00	$ -	$ -	$ -	$ 1,035.00

JANUARY 2025 MEETING

Parma City School District Health Care Committee Meeting

January 14, 2025

Kelsey Finucan
Tracie Collins
Jean Linkous

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Oswald Monthly Report

Claim Experience - Prior Year

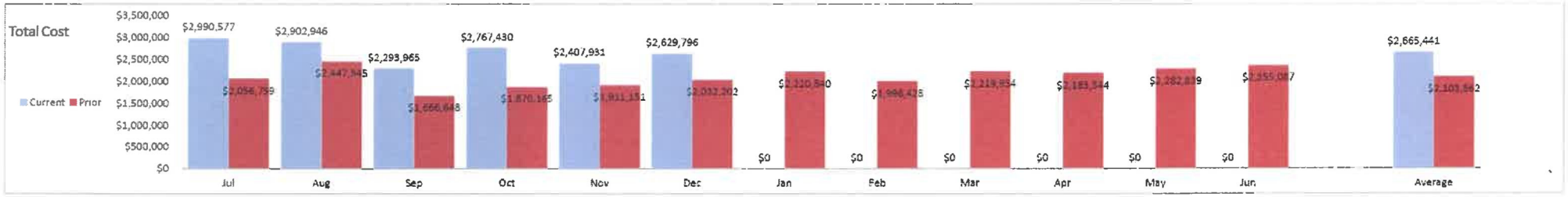
	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	PEPY
Medical Claims	$1,392,477	$1,724,247	$1,073,455	$1,071,518	$1,326,638	$1,282,913	$1,467,222	$1,363,890	$1,541,274	$1,484,303	$1,468,899	$1,542,117	$16,688,952	$1,390,746	$15,964
Prescription Claims	$551,915	$611,719	$479,289	$690,202	$476,617	$691,173	$663,084	$541,675	$586,755	$622,758	$737,602	$736,741	$7,389,529	$615,794	$6,183
Rx Rebates	($122,890)	($122,890)	($122,890)	($130,324)	($130,324)	($130,324)	($145,547)	($145,547)	($145,547)	($161,059)	($161,059)	($161,059)	($1,679,461)	($139,955)	($1,405)
Total Claims	**$1,821,501**	**$2,213,075**	**$1,429,854**	**$1,631,396**	**$1,672,931**	**$1,793,762**	**$1,984,759**	**$1,760,018**	**$1,982,482**	**$1,946,002**	**$2,045,442**	**$2,117,799**	**$22,399,020**	**$1,866,585**	**$18,741**
Fees/Premium	$235,257	$234,270	$236,794	$238,769	$238,220	$238,440	$236,080	$236,410	$237,452	$237,342	$237,398	$237,288	$2,843,721	$236,977	$2,379
Total Cost	$2,056,759	$2,447,345	$1,666,648	$1,870,165	$1,911,151	$2,032,202	$2,220,840	$1,996,428	$2,219,934	$2,183,344	$2,282,839	$2,355,087	$25,242,741	$2,103,562	$21,121
Reimbursed Claims													($432,276)		($362)
Grand Total													$24,810,465	$2,067,539	$20,759

Subscribers Medical/Rx	1,190	1,184	1,195	1,201	1,202	1,204	1,193	1,193	1,198	1,197	1,193	1,192	**14,342**	1,195	
Medical/Rx Claim PEPM	$1,530.67	$1,869.15	$1,196.53	$1,358.36	$1,591.79	$1,489.84	$1,663.67	$1,475.29	$1,654.83	$1,625.73	$1,714.64	$1,776.58		$1,562	$18,741

Claims Experience - Current Year

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Medical Claims	$2,018,729	$2,046,220	$1,870,195	$1,667,441	$1,622,801	$1,710,845							$10,485,231	$1,739,205	$17,585
Prescription Claims	$721,654	$606,176	$669,852	$844,535	$529,707	$662,648							$4,034,567	$672,428	$6,799
Rx Rebates													$0	$0	$0
Total Claims	**$2,740,383**	**$2,652,396**	**$2,040,047**	**$2,511,976**	**$2,152,008**	**$2,372,988**							$14,469,798	$2,411,633	$24,384
Fees/Premium	$250,194	$250,550	$253,918	$255,454	$255,922	$256,808							$1,522,847	$253,808	$2,566
Total Cost	$2,990,577	$2,902,946	$2,293,965	$2,767,430	$2,407,931	$2,629,796							$15,992,645	$2,665,441	$26,950
Reimbursed Claims													($367,501)		($619)
Grand Total													$15,625,144	$2,604,191	$26,331

Subscribers Medical/Rx	1,165	1,162	1,183	1,193	1,206	1,212							**7,121**	1,187	
Medical/Rx Claim PEPM	$2,352.26	$2,282.61	$1,724.47	$2,105.60	$1,784.42	$1,957.91								$2,085	$24,384



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Oswald Monthly Report (cont.)

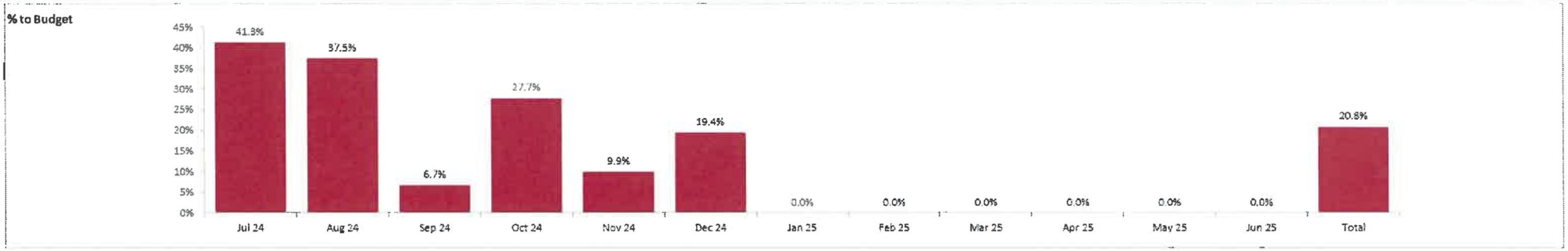
Large Claims: July 2024 - June 2025	Claims	Estimated Reimbursement
HCC1	$480,861	($280,861)
HCC2	$286,640	($86,640)
HCC3	$177,494	
HCC4	$176,485	
HCC5	$150,250	
HCC6	$144,659	
HCC7	$142,516	
HCC8	$118,394	
HCC9	$113,160	
HCC10	$108,590	
	$1,898,989	($367,501)

Plan Information	
Insurer/Medical	MMO
Rx	ESI
Contract Type	Self-Insured
Specific Stop-Loss Coverage	Medical/Rx
Specific Stop-Loss Deductible	$200,000
Aggregate Stop-Loss Coverage	Medical/Rx
Aggregate Stop-Loss Corridor	115%

Due to reporting limitations, reimbursements are shown on medical claims only.
The stop loss contract covers both medical and Rx claims so actual reimbursements may differ.

Year to Date Actual vs Budgeted Plan Cost

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Budget Plan Cost	$2,116,312	$2,110,862	$2,148,010	$2,167,176	$2,190,791	$2,201,691							**$12,935,842**	$2,155,974	$21,799
Actual Plan Cost	$2,990,577	$2,902,946	$2,293,965	$2,767,430	$2,407,931	$2,629,796							**$15,625,144**	$2,665,441	$26,331
% Actual to Budget	141.3%	137.5%	106.7%	127.7%	109.9%	119.4%							**120.8%**		



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Meeting Timeline

Future Meeting Timeline

Month	Topic
January	Foundational Pharmacy Strategies; Next Steps for ESI Implementation
February	RFP Results (Medical, Dental and Vision)
March	Initial Rate Projection Review for 7/1/25
April	ESI Implementation Check-In; Medical/Stoploss RFP Best and Final/Follow Ups
May	Final Rate Projection for 7/1/25

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Foundational Pharmacy Strategies

Presenter: Kelly Prymicz, PharmD

January 2025 Market Updates

Foundational Pharmacy Strategies

Market Dynamics & Compliance Awareness

Drug Pricing Updates[1]

2025 ushers in another January 1st drug list price increase at approximately the same rate as the prior year, 4.5%. Notable updates:

- New drugs to market launched in the US are at significantly higher prices than previous. A recent analysis by Reuters found a 35% increase in 2023 compared to 2022.
- 2025 drug price increases are expected to impact 250 medications, an increase from the 140 brand drugs with price escalations in 2024.
- Complex diseases raise prices steeply such as Matulane®'s 15% price hike to treat Hodgkin's disease and Cystaran®'s 20% increase to treat cystinosis.
- Merck &Co announced plans to decrease the cost of diabetes drugs Januvia® and Janumet® to align with the *net* price. Mark Cuban Cost Plus drugs offers a similar acting medication, Brenzavvy®, for as little as $50/month which may be exerting pressure on its competition.

Preventative Drug Update[2]

A FAQ released in October provided additional clarity regarding medications utilized for HIV prevention in at-risk populations.

- *"Therefore, plans and issuers must cover, without cost sharing, the three FDA-approved PrEP formulations (two oral and one injectable) and are not permitted to use medical management techniques to direct individuals prescribed PrEP to utilize one formulation over another."*

Financial impact to plans will vary based upon PBM and population variances. Early modeling predicated a range from $0.95-$1.68 PMPM.

CVS Cost Vantage Pharmacy Network Update[3]

Overall, acquisition-based pricing is a positive model.

- CVS's new reimbursement model is not using this pricing framework; rather an algorithm that shifts money from the pharmacy reimbursement to the PBM (vertical integration) spread.
- This new pricing scheme protects the CVS umbrella of companies from the outside pressure of "cash" price entities such as Mark Cuban Cost Plus Drugs or discount card pricing such as GoodRx.
- This announcement spurs pharmacy pricing conversation, providing an opportunity to educate others who are unfamiliar with the complexity of drug pricing but will not work towards lowering overall drug costs in our country. Despite CVS's pharmacies taking a loss in reimbursement, the global enterprise is poised to make more profit and disadvantage competition.

January 2025 Market Updates

Clinical Corner

New indication[4]: Zepbound®, formerly popular as a GLP-1/GIP for obesity management, received an expanded indication for obstructive sleep apnea (OSA) on December 20, 2024, by the FDA. Approximately 25 million Americans suffer from this condition and are commonly provided CPAP machines for treatment. These machines can be cumbersome and not well adhered to by patients. Zepbound® is not a cure for OSA but decreases the severity of disease.

New biosimilar[5]: Stelara's biosimilar, Wezlana®, will appear on many PBM's formulary January 2025 with expectation that pharmacies should be able to dispense in Q1 2025. Wezlana® received interchangeability designation allowing for automatic substitution by the pharmacist. Significant cost savings are anticipated by midyear with at least 7 biosimilar alternatives to Stelara approved for market release.

Updated guidelines[6]: Updated Alzheimer's disease guidelines were released December 23, 2024, for the first time is more than 20 years. Guidelines reflect new criteria aimed for eliminating unnecessary testing but focused on biomarkers and revised disease staging. These biomarkers are at the center of newly approved medication therapies such as Leqembi®.

New drug approval[7]: Cobenfy® approved in September 2024 marks a novel treatment option for schizophrenia in adult patients. This advancement seeks to minimize side effects such as tardive dyskinesia and metabolic syndrome side effects with more routine gastrointestinal related events. Clinical guidance do not promote this medication as breakthrough yet due to limited study population, ~1,000 patients, no head-to-head studies, and all patients had prior antipsychotic treatment. Cobenfy® is expected to cost ~$1,850 per month (list price) compared to current antipsychotic therapies as low as ~$10/month.

References:
1. Drugmakers to raise US prices on over 250 medicines starting Jan. 1 | Reuters
2. FAQ about Affordable Care Act and Women's Health and Cancer Rights Act Implementation Part 68 | U.S. Department of Labor
CVS successfully converts commercial pharmacy contracts to "cost plus" model | Healthcare Dive, CVS Health highlights path to accelerating long-term growth through building a world of health around every consumer
4. FDA Approves First Medication for Obstructive Sleep Apnea | FDA
5. FDA Approves First Stelara Biosimilar, Wezlana; FDA Purplebook
6. Workgroup Recommends Updated Guidelines for Dementia Diagnosis
7. Xanomeline / Trospium (Cobenfy)<br class="t-last-br" />

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ESI Next Steps

ESI Next Steps

Prior Authorization (PA):

- If taking a medication that requires a PA, members will receive a letter in the mail around 3/1 to notify them of the new requirement.
- Members should then reach out to their physician to let them know a PA needs to be initiated.

Step Therapy:

- Members will be alerted at the point of sale if step therapy applies to the certain brand medication prescribed to them.
- The program will look for history of said medication over a 130 day look back period. If found, the claim will process as normal.
- If not found, the prescriber will be asked to review to see if a step 1 therapy can be used. If not, the provider will be required to provide rationale as to why the brand drug should be used over a generic drug.

Quantity Management:

- Members will receive a letter giving them options on how to navigate the new quantity management rule. They will be directed to either talk to their doctor/pharmacist to prescribe a higher strength, talk to the pharmacist to give only the amount covered by the plan or talk with their doctor to request a review with ESI.

ESI Letters to Members – Prior Authorization

Dear <First Name>,

We want to let you know about an important update to your coverage. **Starting <<Effective Date>>, certain prescriptions will require a review *before* they are covered by your prescription plan**, including the one(s) listed to the right.

During the review, your doctor can provide us with more detailed information about your prescription so we can make sure its use falls within your plan's rules. These rules are based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medication available.

If you're still taking the medication listed to the right and want it to be covered by your plan, ask your doctor to visit the Express Scripts online portal at esrx.com/PA or call Express Scripts at 800.417.1764 to arrange for a review **on or after <<Effective Date>>. If your doctor doesn't visit esrx.com/PA or call and get approval, you'll be responsible for the full cost.**

If you're no longer taking this medication or no longer eligible under this plan, please disregard this letter.

As of <<Effective Date>>, your plan's coverage will change for the medication(s) below.

<DRUG NAME>

<DRUG NAME>

<DRUG NAME>

<DRUG NAME>

ESI Letters to Members – Quantity Management

Dear <First Name>,

We want to let you know about an important update to your coverage. **Starting <<Effective Date>>, your plan will limit how much medication you can get at one time for certain prescriptions** (listed on the right).

This change is based on the product information approved by the Food and Drug Administration (FDA), as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medication available. It also helps lower overall drug costs by reducing waste.

All you need to do is one of the following:

- **Have your pharmacist talk with your doctor** to prescribe a higher strength when one is available. ***OR***
- **Ask your pharmacist to give you the amount your plan *will* cover**, and you'll pay your copayment each time. ***OR***
- **Talk with your doctor.** If your doctor doesn't agree with this change, he or she may visit the Express Scripts online portal at esrx.com/PA or call Express Scripts at 800.417.1764 to request a review on or after <<Effective Date>>, which may let you get more. **If your doctor doesn't visit esrx.com/PA or call and get approval, you'll be responsible for any additional costs not covered under the plan.** We don't want you to pay more, so please ask for a different prescription or have your doctor call us.

As of <<Effective Date>>, your plan's coverage will change for the medication(s) below.[1] This means your plan will cover only fills for the amount listed below.

NAME	LIMIT[2,3]
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>

1. May not be all medications you currently take.
2. The per-month quantity allowed (unless otherwise noted). 90-day retail and home delivery are typically 3 times the per-month quantity.
3. For example, if your medication comes in different strengths, you could take one dose of the higher strength instead of two at the lower strength. The *amount* of medication you're taking is the same, but you won't pay for more doses – which can save you money.