



Delaware County 2019 Prescription Drug Benefits

Plan Benefits

This program utilizes a three-tier copay design for generic drugs, preferred brand drugs and non-preferred brand drugs. The generic and preferred brand drugs are on a formulary or preferred drug list. Your doctor should consult the Express Scripts Performance Drug List (formulary) before prescribing drugs to you or your dependents if you want your costs to be as low as possible. A copy of the Formulary List was included with your member materials or is available online at www.express-scripts.com. You pay the **lowest copay** when a generic drug is dispensed for your prescription. A generic drug is labeled with the medication's chemical name and generally has a brand-name equivalent. The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same active chemical composition, same potency, and be offered in the same form as their brand-name equivalents. Preferred brand-name drugs generally have no generic equivalent and are provided at slightly higher copays than generic drugs. Non-preferred brand-name drugs and some additional brand medications are covered at the highest tier copay.

Type of Prescription Drug	Days Supply Limit*	Copayment
Retail Program:		
Generic Drugs	30-day supply per Rx	\$ 15 per Rx
Preferred Brand Drugs	30-day supply per Rx	\$ 40 per Rx
Non-Preferred Brand Drugs	30-day supply per Rx	\$ 60 per Rx
Mail Order Program:		
Generic Drugs	90-day supply per Rx	\$ 30 per Rx
Preferred Brand Drugs	90-day supply per Rx	\$ 80 per Rx
Non-Preferred Brand Drugs	90-day supply per Rx	\$120 per Rx

Out of Pocket Maximum/ \$2,500 Single/\$5,000 Family

*Some drug types may have supply limitations that differ from the standard 30 or 90 day supply noted here. **If a generic drug is available and you request the brand-name drug, you must pay the brand-name copay plus the cost difference between the brand-name and generic drug.**

Mail Order Program

The mail service program provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medications. The prescriptions are mailed directly to your home. **You will need to obtain a new prescription to use the mail service program. Ask your doctor for a prescription for up to a 90-day supply with three (3) refills.** Complete the mail service order form. Enclose the form, your prescription and co-pay (check, money order or credit card) in the self-addressed envelope.

You can re-order your mail prescription over the Internet at www.express-scripts.com or by telephone at **866-832-9250**. You can also mail your refill request, but online and telephone orders generally will arrive sooner. New prescriptions typically arrive within 10-14 days from the day you mail your order. Refills ordered online or by phone will usually arrive within 10 days. Mail order forms are available from your employer.

Specialty Medications

Certain injectable medications must be obtained through the **Accredo** program. This program offers a convenient and cost-effective way to order infused, injectable, and oral drugs that typically require added supervision of patient therapy. It is important for your physician to refer you to the **Accredo program** by calling **800-501-7210** and requesting a patient referral form that needs to be sent or faxed back to Express Scripts/Accredo. This toll-free number also puts you in touch with the customer service line if you have additional questions or need more information. This program provides medications for many chronic conditions such as multiple sclerosis, rheumatoid arthritis, hemophilia, Gaucher disease, cystic fibrosis, hepatitis C, respiratory syncytial virus, growth hormone deficiency, anemia, Crohn's disease, neutropenia, pulmonary hypertension and others. Accredo offers personalized care, 24-hour support, prompt, safe delivery, refill reminders and drug safety monitoring.

RxOC/Express Scripts CUSTOMER SERVICE: 1-866-832-9250

