CDHP Special Administration

Your prescription coverage under the Consumer Driven Health Plan (CDHP) is subject to special administration from the PPO plans and this page will explain those differences:

1. Prescriptions that are not for Maintenance Medication, as determined by the IRS, are first subject to your deductibles and maximum out-of-pockets of the Medical Plan. You are responsible for paying 100 percent of these prescriptions until you meet your deductible. Once you meet your deductible, your costs will be determined by the Coverage at a Glance that follows this page until you have hit the maximum out-of-pocket limit in the Medical Plan; we will then pay your covered prescriptions at 100 percent.

2. Prescriptions that qualify as IRS Maintenance Medications will be subject to the Coverage at a Glance rules and not your Medical Plan deductibles.

3. If you want to know if your medication qualifies as a Maintenance Medication under IRS guidelines, contact Aetna at the number on your card.

Coverage At A Glance

Prescription Plan (CDHP)

PLEASE NOTE! Non-Maintenance medications (columns 2 and 4) will need to be paid by employees at 100% until the medical deductible is met. Once the deductible is met, the below schedule will apply. Maintenance medications are not subject to the deductible and will be paid per the below schedule. After the deductible is met, all rules will apply until an employee hits their medical out-of-pocket maximum.

	RETAIL PHARMACY *For Immediate Medicine Needs or Short-Term Medicine*	**MAIL SERVICE PHARMACY** *For Maintenance or Long-Term Medicine*	**SPECIALTY PHARMACY** *For Drugs in the Specialty Category*
You Will Pay.....	12% for all generic prescription	15% up to a $20 maximum for each generic prescription	50% up to a $100 maximum per script for Bio-Similar (Generic) Specialty drugs
.....	30% for each brand name* prescription on the primary drug list	30% up to a $120 maximum for each brand name* prescription on the formulary drug list	50% up to a $200 maximum per script for Specialty drugs on the Formulary list
.....	50% for each brand name* prescription <u>not</u> on the primary drug list	50% up to a $180 maximum for each brand name* prescription <u>not</u> on the formulary drug list *(Note that this maximum amount does not include any DAW (Dispense as Written) penalty for filling a Non-Preferred brand that has a Generic available)*	50% up to a $350 maximum per script for Specialty drugs that are *not* on the Formulary list or are *not* considered Bio-Similar (Generic)
.....		50% for Over The Counter (OTC) medicine in the Proton Pump Inhibitor (PPI) Classification (NOTE! Must be filled at a CVS Pharmacy!)	
Day Supply Limit.....	30 day supply	90 day supply (except specialty pharmacy drug list)	
Refill Limit	One initial fill, plus two (2) refills	None	
This is a short recap of your prescription benefits. This is not your Summary Plan Description. Please see the			

Summary Plan Description for additional details and terms of your actual coverage.

Medications that are required to be provided free of charge per the Affordable Care Act will still require a prescription for coverage, and they must be purchased at a network pharmacy. Where allowed, Aetna has restricted access to only generic or over-the-counter options.

**When a generic is available but the pharmacy dispenses the brand name medicine for any reason, you will pay the difference between the brand name medicine and the generic, plus the brand co-insurance/co-pay.*

**Details about drug prices, options, and the Formulary Drug List can be found at www.aetna.com*

PLEASE NOTE! Some drug companies have developed copay card programs for specific drugs. If you choose to participate in these programs, please know that any co-pays or co-insurance paid through these programs will not be applied to your annual maximum out-of-pocket.

PLEASE NOTE! Medical marijuana may be legal in Ohio, but it still is not covered under your medical or prescription plan. This policy has not changed; it is simply a clarification.

Rite-Aid and Walgreens are not members of the Aetna pharmacy network and prescriptions filled there or at any other pharmacy outside the Aetna pharmacy network will not be covered!!! Remember to use your Aetna card when getting prescriptions filled at retail stores!!! Maintenance medications can be filled via the CVS Caremark Mail Service Pharmacy or at your local CVS Pharmacy (some are located inside Target Stores).

Wayne County and Aetna have implemented various step therapy protocols which may require you to use certain drugs before others are covered. If you feel you need a different drug that is denied due to this step therapy process, you will be given information on how to appeal the decision reached by Aetna.

Updated 1/1/2020

Plan Coverage and Cost

Depending on the rules adopted by your employer, the following may apply to you. If you are not sure if this section applies to you, please check with your employer. This section will apply to all employees of Wayne County.

This plan is self-funded with contributions from both the County and eligible employees. The plan also is part of the County's Section 125 Flexible Benefit Plan that allows you to elect health care coverage and pay your contributions on a pre-tax basis. This tax savings advantage allows you to have a portion of your compensation deducted from your paycheck before your taxes are calculated. Because of this, you pay for your coverage with pre-tax dollars, you pay fewer taxes and you take home more pay. Aetna administers the prescription drug benefit described in this document.

Coverage at a Glance

SHORT-TERM RETAIL (up to a 30-day supply)	**MEMBER RESPONSIBILITY**
Generic Cost Share	12% For all Generic prescriptions
Formulary/Primary Drug List Cost Share	30% for each Brand Name* prescription on the formulary list
Brand Cost Share	50% for each Brand Name* prescription not on the formulary list
LONG-TERM MAIL SERVICE (up to a 90-day supply)	**MEMBER RESPONSIBILITY**
You can receive these medications:	**Through the mail, or at a CVS retail location**
Generic Cost Share	15% up to a $20 maximum for each Generic Prescription
Formulary Cost Share	30% up to a $120 maximum for each Brand Name* prescription on the Formulary list
Brand Cost Share	50% up to a $180 maximum for each Brand Name* prescription not on the Formulary list *(Note that this maximum amount does not include any DAW (Dispense as Written) penalty for filling a Non-Preferred brand that has a Generic available)*
Biosimilar Specialty Cost Share	50% up to a $100 maximum per script for biosimilar specialty drugs
Specialty/Biotech Cost Share	50% up to a maximum amount of $200 for each prescription filled on the specialty pharmacy drug list
Non-Formulary Specialty/ Biotech Cost Share	50% up to a $350 maximum per script for Specialty drugs that are *not* on the Formulary list
PPI Class (Proton Pump Inhibitor)	**MEMBER RESPONSIBILITY**
Over The Counter (OTC)	50% for OTC

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Medications that are required to be provided free of charge per the Affordable Care Act will still require a prescription for coverage, and they must be purchased at a network pharmacy. Where allowed, we have restricted access to only generic or over-the-counter options.

***If you or your doctor chooses for you to receive the brand name drug when a generic drug is available, you may be responsible for paying the difference between the brand name drug cost and the available generic drug cost. You will also be responsible for paying the appropriate cost share for the drug that the doctor prescribes.**

Quantity Limitations

Any quantity limitations are indicated in the Coverage at a Glance chart above.

Coordination of Benefits

There is no coordination of benefits on this plan.

Classification of Medication

All prescriptions are classified into 4 groups: Generics, Preferred Brand, Non-Preferred Brands and Specialty Drugs. A general description of each of these types is as follows:

Generic..... A generic drug is a drug product that is comparable to brand/reference listed drug product in dosage form, strength, route of administration, quality and performance characteristics, and intended use. We only cover A rated generic drugs, and all generic drugs have to receive approval from the FDA before they can be dispensed.

Preferred Brand..... These are generally brands which Aetna has negotiated better rates with the manufacturers. Because these drugs are purchased at better pricing, we reduce your cost to purchase these drugs. This is also referred to as a preferred brand drug.

Non-Preferred Brand..... These are generally brands which Aetna has determined are either cost or clinically non-effective and are considered non-preferred and covered at the highest copay.

A brand name drug is a drug that has a trade name and is protected by a patent. When a generic is available, but the pharmacy dispenses the brand name medicine for any reason other than physician indicating "Dispensed as written," you will pay the difference between the brand name medicine and the generic plus the brand co-insurance or co-payment.

Over The Counter (OTC)..... These are drugs that are normally available at retail drug stores. For the purposes of this plan, the only OTC drugs that are covered by this plan are those in the Proton Pump Inhibitor (PPI) family of drugs. PPI drugs are commonly used to treat symptoms for ulcers and acid reflux. You will still need a prescription from your doctor to purchase these drugs OTC and have part of the cost covered by your plan.

Specialty..... Specialty drugs generally are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. These drugs are only available through Aetna's Specialty Pharmacy Program.