

# **Federal Employee Health Benefit** **AultCare Prescription Drug Program**

Welcome to the AultCare Prescription Drug Program. This program offers savings, convenience and service for you and your eligible dependents.

## **Benefits**

### **Co-payment before medical plan deductible is met:**

Retail: Generic-100 % co-payment	Brand-100 % co-payment
Mail: Generic-100 % co-payment	Brand-100 % co-payment

### **Co-payment after medical plan deductible of \$2,000/single or \$4,000/family is met:**

Retail: Generic- 20% co-insurance	Brand- 20% co-insurance
Mail: Generic- 20% co-insurance	Brand- 20% co-insurance

### **Co-payment after medical plan out-of-pocket maximum of \$4,000/single or \$8,000/family is met:**

Retail: Generic- \$0.00 co-payment	Brand- \$0.00 co-payment
Mail: Generic- \$0.00 co-payment	Brand- \$0.00 co-payment

**Note:** For members covered on the Plan as a Family: If only one family member incurs claims, that member must satisfy the entire family deductible before the Plan will pay benefits. In addition, any combination of family members' claims may satisfy the family deductible and out-of-pocket maximum.

A 34-day supply is available at the retail pharmacy. A 90-day supply may be obtained through the mail order program.

## **Network Pharmacies**

You can enjoy the convenience of local and national pharmacy service at discounted network pricing. Please remember to present your card at the pharmacy for your prescriptions. If a prescription is purchased without using your card, AultCare will pay up to our liability of UCR or Contracted Rate only.

## **Generic vs. Brand**

A generic medication will be dispensed when available unless your physician specifically requests a brand drug.

## **Long term ongoing prescriptions**

For long term ongoing prescription drug needs, you can receive up to a 90-day supply through your mail order prescription program. When participating in the mail order program, you pay the appropriate co-payment per 90-day supply. The mail order pharmacy must fill your prescription for the exact quantity of medications prescribed by your doctor, up to the 90-day plan limit. "30 days plus 2 refills" does not equal one prescription written for "90 days".

## **RxEOB**

AultCare's Personalized Prescription Information Website (also known as RxEOB) is a free Internet resource that is offered to our members. It gives valuable information to help you make informed decisions about your drug purchase. You may access RxEOB through the AultCare website at [www.aultcare.com](http://www.aultcare.com).

When this plan is the secondary insurance, you will be required to file prescription expenses with the primary plan first, and then submit to AultCare for secondary payment.

If coverage under your medical plan terminates, your prescription drug benefit will also terminate. If a covered person continues to use their prescription drug benefit, they will be held responsible for payment of any bills on or after the termination date.

## Covered Services

- Federal Legend medications – A drug that, by law, can be obtained only by prescription and bears the label, “Caution: Federal law prohibits dispensing without a prescription.”
- Compound medication
- Diabetic supplies: including control solution, glucose test strips, urine test strips, acetone test strips, lancet devices, and lancets
- Insulin (prescription only), Insulin syringes/needles (prescription only)
- Injectable medications
- Contraceptive medications, injectables, and devices
- Oral Fertility medications
- Migraine medications --\*Standard limits apply.
- Impotence medications --\*Prior authorization required. Limit of 5 tablets per 30 days.
- Vitamins --\*Rx items only.
- Vitamin D Rx and OTC covered over the age of 65 for \$0. Must have written prescription from your physician.
- Weight loss medications --\*Prior authorization required. Must meet AultCare’s morbid obesity guidelines.
- Allergy Sera
- Immunosuppressives
- Smoking Cessations – Over-the counter and prescription drugs approved by the FDA to treat tobacco dependence are covered under the smoking cessation program. These drugs require a written prescription and are covered in-network.
- Vaccines – Flu, Pneumonia, & Shingles are covered at 100% at the pharmacy. The Shingles vaccine is available for enrollees age 50 or older and requires a written prescription from your physician.

## Services Not Covered

- Lost, Stolen, or Damaged medications
- Experimental, investigation or unproven drugs
- Blood or Plasma
- Therapeutic devices or appliances, including support garments and other non-medical substances, unless otherwise specified.
- Charges for injections or administration of a drug
- A prescription that may be received without charge under Worker’s Compensation Laws or other local, state, or federal programs. This would include medications taken for occupational injury/disease.
- Prescriptions that are not self-administered or medication that is to be taken or administered to an individual in a licensed hospital, nursing home, physician’s office/clinic or similar institution where such medications are normally provided by the facility on an in-patient basis.
- Prescription refills in excess of the number specified or dispensed more than one year from the date of the original order.
- Needles and syringes, other than for insulin
- Durable medical equipment including glucose monitors
- Over-the-counter medications, except for Insulin, Loratadine, and Smoking cessations.
- Medical supplies except for Diabetic supplies
- Replacement prescriptions (lost, stolen or broken)
- Injectable Fertility medications
- Drugs for cosmetic purposes only --\*Retin-A and Differin covered up to age 24 then prior authorization is required for medical necessity
- Immunizing agents and Biological Sera
- Lucentis (covered under medical and does not require prior authorization)

Certain medications may be covered under medical, require prior authorization, have step therapy, and/or may have plan limitations. Please visit the AultCare website at [www.aultcare.com](http://www.aultcare.com) or call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 for a listing of these medications.

### **Specialty Medications**

Specialty medications are treatments for chronic illnesses that require special handling techniques, careful administration, and a unique ordering process. For a complete list of the Specialty Medications, please visit our website at [www.aultcare.com](http://www.aultcare.com) or if you would like a paper copy, you may call the AultCare Service Center at 330-363-6360 or 1-800-344-8858.

You may receive up to a 30 day supply of Specialty Medications at retail and mail order.

### **Health Care Reform**

In response to the Patient Protection and Affordable Care Act the following medications will be covered at a \$0.00 co-payment when the specific criteria listed below is met. You must obtain a written prescription from your physician to receive this benefit.

For a complete list of Health Care Reform medications please visit our website at [www.aultcare.com](http://www.aultcare.com) or if you would like a paper copy, you may call the AultCare Service Center at 330-363-6360 or 1-800-344-8858.

In response to the Women's Preventative Services Act, females are now able to obtain over-the-counter and prescription birth control medications, products, and prenatal vitamins at the below benefit. You must obtain a written prescription from your physician to receive this benefit.

<b><u>Drug Category</u></b>	<b><u>Co-payment</u></b>
Generic	\$0.00
Brand <b>WITHOUT</b> Generic Available	\$0.00
Brand <b>WITH</b> Generic Available	Retail/Mail Order: 100% <u>before</u> medical plan deductible is met 20% <u>after</u> medical plan deductible is met. \$0 <u>after</u> medical plan out-of-pocket is met

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858, if you have any questions regarding these benefits.