

**HURON-ERIE SCHOOL EMPLOYEE INSURANCE ASSOCIATION**  
**HESE / Premium Plan /**  
**Prescription Drug Coverage**

**Members Co-pays under the plan.**

- **Generic**
  - Retail - \$5.00
  - Mail Order - \$10.00
  
- **Preferred**
  - Retail - \$30.00
  - Mail Order - \$60.00
  
- **Non Preferred**
  - Retail - \$60.00
  - Mail Order - \$120.00
  
- **Specialty**
  - **Retail**
    1. Generic – 10% with a \$100.00 Max
    2. Preferred – 20% with a \$150.00 Max
    3. Non Preferred – 20% with a \$250.00 Max
  
  - **Mail Order**
    1. Generic – 10 % with a \$200.00 Max
    2. Preferred – 20% with a \$300.00 Max
    3. Non Preferred – 20% with a \$500.00 Max

**Covered Medications**

- Federal legend drugs (those which require a prescription)
- OTC and legend insulin

**Excluded medications**

- Drugs used for weight loss
- Drugs used for cosmetic purposes (photo-aged skin, depigmentation)
- Photo Aged Skin products
- Drugs used for hair growth
- Diagnostic tests and imaging
- Medical equipment
- Continuous Glucose Monitor/Transmitters/Sensors
- OTC Hyperglycemic products
- Inhaler assisting devices
- Non-Insulin Syringes with or without Needles
- Standard Rx/OTC Equivalents

- Insulin pump supplies
- OTC Contraceptives (outside of the HCR ACA)
- Hair Growth Stimulants and products indicated only for cosmetic use
- Non-specialty Implantable medications
- Allergy Serums

**Affordable Care Act Preventive medications that are covered at \$0 with a prescription**

- Aspirin (generic over the counter 81mg and 325mg for males between age 45 and 79 or Females between ages 55 and 79)
- Iron (generic prescription and over the counter oral formulations [syrups, drops etc.] for ages 6 months through 12 months)
- Fluoride (generic prescription and over the counter oral formulations [drops, chewable tabs] providing less than 0.5mg per day. For ages 6 months through 5 years)
- Smoking Deterrents (generic and brand Chantix, for ages 18 and older)
- Contraceptives (prescription and over the counter generics and brands without generics\*including oral, injectable, implants, diaphragms/cervical caps females through age 50)
- Vaccines (Vaccines prescribed for prevention of vaccine preventable diseases. Coverage includes vaccines recommended for travel and rabies.)
- Vitamin D (generic prescription and over the counter vitamin D containing 1,000 IU or less and vitamin D/calcium combinations containing Vitamin D2 or D3. For ages 65 and over)
- Bowel Preparations (generic and brands without generic equivalents for members between 50 and 75 years of age)
- Folic Acid – Women through age 50 years and Generic OTC
- Breast Cancer – Adults >35 years of age, Medications include Tamoxifen, Raloxifene and Soltamox.
- Statins – Generic Only, Low/Moderate Doses, Adults >39 and <79 Years of age.

**Effective July 2018 Co-pays will apply to the coinsurance Max OOP**

\*Brands that also have a generic equivalent may also be covered in cases of medical necessity

**Implemented Clinical Program Descriptions**

1. **Prior Authorization** – On some therapy classes - requires that a Prescription Drug's prescribed use be evaluated against a predetermined set of criteria before the prescription will be covered.
2. **Step Therapy** – On some therapy classes - requires use of a first-line Prescription Drug in a therapy class before second-line drugs will be considered for coverage.
3. **Drug Quantity Management** - Aligns the dispensed quantity of prescription medication with manufacturer recommended and FDA-approved dosage guidelines and established clinical guidelines.
4. **Exclusive Maintenance Mail Order** – Members are required to fill their maintenance medications through the Express-Scripts Home Delivery after the 2nd retail fill or pay 100% of the cost of those medications at retail.
5. **Exclusive Specialty** - Members are required to fill their maintenance medication through the Accredited Specialty Pharmacy or pay 100% of the cost of those medications at retail.

**6. Dispense as Written (DAW-2)** - If the patient requests a brand-name medication when a generic equivalent is available, the member will be responsible for the generic drug copayment plus the difference in price between the brand-name medication and its generic equivalent. If the member orders a brand-name medication that has a generic equivalent, the difference in cost between the brand-name medication and the generic medication will not apply towards the deductible or out-of-pocket maximum.

This summary does not contain all terms and conditions of your prescription drug coverage. It is a guide and not an all-inclusive list of the products your plan covers/doesn't cover. Certain drugs may require a Prior Authorization for which your doctor will need to provide additional information to determine coverage. Coverage for certain medications may require prior use of another medication first. Some medications may be subject to a quantity limit based on manufacturer recommendations for general prescribing. For more detailed information regarding drug coverage please contact an Express-Scripts representative using the telephone number located on your prescription benefit ID card. You can also register online at [Express Scripts.com](https://www.express-scripts.com) to obtain more information on drug coverage and your cost under your plan, or download the Express-Scripts mobile app. on your mobile device

**Your prescription benefits are administered by Express-Scripts**