



**Joplin School District  
Effective October 1, 2018**

**Base Plan**

|                           | <b>1-30 Day<br/><u>Supply Retail</u></b> | <b>90 Day Supply<br/><u>Retail / Mail</u></b> |
|---------------------------|--|---|
| Generic Medications       | \$ 15                                    | \$ 30   |
| Preferred Medications     | \$ 35                                    | \$ 70   |
| Non-Preferred Medications | \$ 60                                    | \$ 120  |
| Specialty Medications     | 20% up to \$100 max                      |   |

**Maximum Out of Pocket (MOOP): \$4,000 single / \$8,000 family**

The plan year MOOP applies to pharmacy and medical. Each individual family member must meet the single Maximum Out of Pocket (MOOP) unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. The Generic dispense as written penalty does not apply to the MOOP.

**HSA Plan**

**Deductible: \$1,500 single / \$3,000 family**

The plan year Deductible applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the coinsurance below. Generic dispense as written penalties do not apply to the Deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

|                           | <b>1-30 Day<br/><u>Supply Retail</u></b> | <b>90 Day Supply<br/><u>Retail / Mail</u></b> |
|---------------------------|--|---|
| Generic Medications       | 20 % coinsurance after deductible        |   |
| Preferred Medications     | 20 % coinsurance after deductible        |   |
| Non-Preferred Medications | 20 % coinsurance after deductible        |   |
| Specialty Medications     | 20 % coinsurance after deductible        |   |

**Maximum Out of Pocket (MOOP): \$5,000 single / \$10,000 family**

The plan year MOOP applies to pharmacy and medical claims. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

**Buy Up Plan**

|                           | <b>1-30 Day<br/><u>Supply Retail</u></b> | <b>90 Day Supply<br/><u>Retail / Mail</u></b> |
|---------------------------|--|---|
| Generic Medications       | \$ 15                                    | \$ 30   |
| Preferred Medications     | \$ 35                                    | \$ 70   |
| Non-Preferred Medications | \$ 60                                    | \$ 120  |
| Specialty Medications     | 20% up to \$100 max                      |   |

**Maximum Out of Pocket (MOOP): \$3,000 single / \$6,000 family**

The plan year MOOP applies to pharmacy and medical claims. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.



The Generic medications on the Caremark HDHP Preventative Therapy List are covered with a 20% coinsurance and are not subject to the deductible.

**Specialty Medications:** Specialty medications must be ordered through Caremark Specialty Pharmacy at 1-800-237-2767. Medications are limited to a 30 day supply and may require prior authorization.

#### **DRUGS COVERED\***

- Legend Drugs (drugs that require a prescription) **Exceptions:** See Exclusion list below.
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes/lancets
- Contraceptives: Oral, transdermal, intravaginal, injectable; extended cycle products are subject to 3x retail copays for a 90 day supply
- Prescription Vitamins
- Migraine Medications (quantity limits apply)
- Impotency Medications
- Insomnia/Sedative Hypnotics
- Influenza Agents
- Gastrointestinal-Antiemetics
- ADD/ADHD medications
- Narcolepsy Medications
- Androgens (prior authorization required)
- Growth Hormones (prior authorization required)
- Topical Acne Agents (prior authorization required ages 35 and older)
- Prescription and OTC smoking cessation (two 12 week programs per plan year) OTC requires prescription

#### **EXCLUSIONS\***

- Biological, blood products, serums, immunoglobulin, and Non-ACA immunization agents
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Topical Analgesic Pain Patches
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants and removal products)
- Infertility Medications
- Anti-obesity/Appetite suppression
- Periodontal Products
- Anabolic Steroids
- HSDD Agents
- Nutritional Supplements
- Over the counter (OTC) medications unless listed above
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Formulary Exclusion Lists
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Patient assistance programs may not apply to deductible and out of pocket accumulations.

\* This is not an inclusive list but is a representation of the most commonly used medications. Contact customer service for specific drug coverage information.



Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Customer Service if you have specific drug questions or register at [www.caremark.com](http://www.caremark.com) to check drug costs and coverage.