



UNDERSTANDING YOUR BENEFITS

An overview of your prescription benefits

As the pharmacy benefits manager for the State Health Plan, Express Scripts is committed to helping you understand how your prescription benefit works, so you can manage your medicine more easily and effectively.

Under the State Health Plan, you can fill your prescriptions at any network pharmacy or have them delivered right to your door with home delivery from Express Scripts® Pharmacy.

Standard Plan

Standard Plan members pay a copayment for prescription drugs and have a separate annual coinsurance maximum of \$3,000 per person. Once you meet the maximum, the Plan will pay 100 percent of the allowed amount for your covered prescription drugs for the rest of the year.

Copayments by tier	Network retail pharmacies (30-day supply)	Network retail maintenance pharmacies (90-day supply)	Home delivery through Express Scripts® Pharmacy (90-day supply)
Tier 1 (generic)	\$9	\$22	\$22
Tier 2 (preferred brand)	\$42	\$105	\$105
Tier 3 (non-preferred brand)	\$70	\$175	\$175

Savings Plan

Savings Plan members do not pay copayments for prescription drugs. Instead, you pay the full allowed amount until you meet your annual deductible. Then you pay only 20 percent of the allowed amount until you meet your coinsurance maximum.

Medicare

PEBA automatically enrolls all Medicare-eligible retirees and dependents into Express Scripts Medicare®, the State Health Plan's Medicare Part D prescription drug program.¹ There are no changes in an active employee's prescription drug coverage when he or his covered dependents become eligible for Medicare.

Formulary

The formulary is the list of drugs covered by the State Health Plan and includes brand-name drugs and generics. After review, some safe and effective drugs become preferred (Tier 2), and other alternatives may become non-preferred (Tier 3). Switching to a different brand-name or generic drug on the formulary could save you money. Check to see if a specific medication is covered by the State Health Plan by visiting [express-scripts.com](https://www.express-scripts.com), and talk to your doctor about other options if your drug is not listed.

Coverage reviews

Sometimes a prescription is not enough to determine if the State Health Plan will provide benefits, and we may need more information to determine coverage. Coverage reviews rely on medical experts and research, with the goal of ensuring drug safety. Reviews also encourage the use of lower-cost alternatives when possible. If the determination is made to cover the medication, you will pay the appropriate copayment.



Prior authorization

Some medications will be covered by the State Health Plan only if they are prescribed for certain uses and must be authorized in advance. Medications may not be covered by the Plan if there are safe and effective lower-cost alternatives available.



Step therapy

The step therapy process is designed to encourage the use of generics and over-the-counter drugs that are alternatives to some high volume, high-priced, brand-name drugs. If your doctor decides the higher-cost drug is needed, your doctor can request a coverage review.



Drug quantity management

The FDA has guidelines for safety and effectiveness that include quantity limits for certain medications. If you are prescribed a quantity of medication that does not fall within these guidelines, the Plan may cover only a lesser quantity of the medication.



Starting a coverage review

You can find out if a medication needs a coverage review by logging in to your Express Scripts account at [express-scripts.com](https://www.express-scripts.com) or on the **Express Scripts® mobile app**. Your pharmacist may also tell you that you need a review.

Your doctor, pharmacist or you must contact Express Scripts at **855.612.3128** to begin the review process.

Contact us



[express-scripts.com](https://www.express-scripts.com)



Express Scripts mobile app



855.612.3128

- Get up-to-date information on your plan.
- Access digital versions of your prescription plan ID cards.
- Order replacement ID cards. You will need your Benefits Identification Number (BIN) to order replacement cards.

¹ You have the option to opt out and continue coverage under the State Health Plan Prescription Drug Program, which covers members not eligible for Medicare.