

## Outpatient Prescription Drug Coverage

### Plan Year July 2022 - June 2023

*This Prescription Drug Coverage Summary is to be added to the Blue Shield Schedule of Benefits for all North Coast Schools' Medical Insurance Group plans with the exception of the Pine Plan.*

Covered Services	Oak	Spruce	Maple
<b>Pharmacy Network</b>	CVS/Caremark	CVS/Caremark	CVS/Caremark
<b>Annual Deductible</b>	Not Applicable	Not Applicable	Not Applicable
<b>Out of Pocket Maximum (OOPM)</b>			
• Individual Member	\$4,600	\$3,600	\$250
• Family Member/Family	\$4,600/\$9,200	\$3,600/\$7,200	\$250/\$500
<b>Retail Prescriptions</b>	30-Day Maximum Supply	30-Day Maximum Supply	30-Day Maximum Supply
• Generic	\$10.00	\$10.00	\$19.00
• Preferred	\$30.00	\$30.00	\$50.00
• Non Preferred	\$40.00	\$40.00	\$75.00
<b>Mail Prescriptions</b>	90-Day Maximum Supply	90-Day Maximum Supply	90-Day Maximum Supply
• Generic	\$15.00	\$15.00	\$38.00
• Preferred	\$45.00	\$45.00	\$100.00
• Non Preferred	\$80.00	\$80.00	\$150.00
<b>Specialty Prescription</b>	<p>Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility</p> <p>30-Day Maximum Supply</p> <p>0% if enrolled in PrudentRX; 30% otherwise</p> <p>NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.</p>	<p>Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility</p> <p>30-Day Maximum Supply</p> <p>0% if enrolled in PrudentRX; 30% otherwise</p> <p>NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.</p>	<p>Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility</p> <p>30-Day Maximum Supply</p> <p>0% if enrolled in PrudentRX; 30% otherwise</p> <p>NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.</p>

1. Amounts paid through copayments and any applicable pharmacy deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Summary Plan Description for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
2. Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.
3. Select drugs require prior authorization by CVS/Caremark for medical necessity, or when effective, lower cost alternatives are available.
4. If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the Generic drug copayment plus the difference in cost to NCS between the brand drug and its generic drug equivalent.
5. Coinsurance is calculated based on the contracted rate. When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.
6. Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.
7. Specialty Drugs are available from CVS Specialty Pharmacy. A CVS Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup. Oral anticancer medications are not subject to the calendar year pharmacy deductible, if applicable.

**Note:** This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would be subject to a late enrollment penalty in addition to your Part D premium.