### **Prescription Drug Benefits**

## **Express Scripts, Inc. (ESI, Inc.) Prescription Drug Benefits**

#### **Express Scripts, Inc. Network Prescription Drug Benefits**

Individuals covered by either of the Anthem Blue Preferred Primary HMO coverage and the Anthem Blue Access PPO coverage receive Network prescription drug benefits when an eligible prescription is dispensed by a participating ESI pharmacy. This benefit is payable for a maximum of a 30-day supply of a covered drug.

Drug	Copayment at Time of Purchase
Generic Drug on ESI Formulary	\$8
Brand-name Drug on ESI Formulary	\$25
Drug not on ESI Formulary	\$40

#### **Express Scripts, Inc Non-Network Prescription Drug Benefits**

Employees covered by the Anthem Blue Access PPO coverage are eligible for a Non-Network benefit when a prescription for a 30 day or less supply of a medication is filled by a pharmacy which is not an ESI network pharmacy. This benefit is a reimbursement for which the patient must file a claim after purchasing the prescription drug. There is no Non-Network prescription drug benefit with the Anthem Blue Preferred Primary HMO coverage.

#### **ESI, Inc. Home Delivery Drug Benefits**

Benefits for a 31 to 90 day supply of a maintenance drug for a single copayment are available by mail from Express Scripts Inc. to all employees and their covered dependents who are insured by one of the Anthem HMO, PPO, or Traditional medical plans through the university. Such maintenance drug benefits are only available by mail from the Express Scripts Home Delivery Service.

Drug	Copayment at Time of Purchase
Generic Drug	\$12
Brand-name drug with no generic equivalent	10% of cost (minimum of \$22)
Brand-name drug purchased when there is a	10% of cost (minimum of \$60)
suitable generic equivalent *also known as a	
"multi-source brand dispensed as written"	

To fill a prescription through the ESI, Inc. Home Delivery Service, the insured must mail the prescription and an Express Scripts claim form to Express Scripts at the listed address.

Express Scripts Call Center	1-877-783-3539
CuraScript (specialty medications)	1-866-848-9870
Physician Prior Authorization	1-800-417-8164
Physician Call In Home Delivery	1-888-468-5539
Physician Fax Home Delivery	1-800-636-9494

# Prescription Drug Benefits Under the Anthem High Deductible Health Plan

Under the High Deductible Health Plan you do not pay a flat dollar network copayment for prescription drugs for 30 days or less. Instead you pay Anthem's discounted cost for a drug until you have satisfied the plan's Network Deductible and Out-of-Pocket Annual Maximums. Then the plan pays 100% benefits for all covered network expenses, including prescription drug costs, for the rest of the calendar year. Up to a 90 day supply of a maintenance drug are available for Anthem's discounted network cost through Anthem's mail service pharmacy, Express Scripts. HDHP members would still use their Anthem card at your local retail pharmacy.