

2024 ISU Plan Express Scripts Prescription Drug Plan

Pharmacy Benefit Manager	EXPRESS SCRIPTS
	<p>Drug Tiers: Tier 1 is Generic drugs Tier 2 is a Preferred Brand Name drugs Tier 3 is Non-Preferred Brand Name drugs Specialty drugs may be Tier 2 or 3.</p>
Deductibles	\$0
Prescription Co-insurance/Pay Maximum Out-of-Pocket (MOOP)	<p>\$2,000 single/benefit year \$4,000 total/benefit year for plan for other levels</p>
<p>30-day supply Participating Retail Pharmacy</p> <p>*If you're on a maintenance medication, you may qualify for Smart90 where you will be required to move to a 90-day supply at retail or mail order.</p>	<p>Tier 1 - \$15 co-pay / script Tier 2 - 30% co-insurance up to \$125.00 maximum co-pay / script Tier 3 - 50% co-insurance up to \$250.00 maximum co-pay /script Above applies until MOOP is reached.</p>
<p>90-day Supply Participating Retail Pharmacy</p>	<p>Tier 1 - \$45 co-pay /script Tier 2 - 30% co-insurance up to \$375.00 maximum co-pay / script Tier 3 - 50% co-insurance up to \$750.00 maximum co-pay /script Above applies until MOOP is reached.</p>
<p>90-day Supply Express Scripts By Mail (Home Delivery)</p>	<p>Using Express Scripts By Mail Tier 1 - Generics - no cost to member Tier 2 - 25% co-insurance up to \$300.00 maximum co-pay / script Tier 3 - 33% co-insurance up to \$600.00 maximum co-pay / script Above applies until MOOP is reached.</p>

If you are on a prescription that has been identified for the SaveOn program It is strongly recommended that the impacted member enroll in copay assistance and with SaveOnSP, or it is possible that the member may experience higher copays than those listed above.