

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 – 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>
<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>