

**Sun Health Employee Services LLC**  
**Effective July 1, 2021**

**Base Plan**

	<b>1-30 Day <u>Supply Retail</u></b>	<b>90 Day <u>Supply Mail</u></b>
<b>Generic &amp; Non-Preferred Generic Medications</b>	<b>\$ 5</b>	<b>\$ 10</b>
<b>Preferred Brand Medications</b>	<b>\$ 20</b>	<b>\$ 40</b>
<b>Non-Preferred Brand Medications</b>	<b>\$ 40</b>	<b>\$ 80</b>
<b>*Specialty Medications</b>	<b>20% with \$300 max</b>	

**Maximum Out of Pocket (MOOP): \$6,000 Individual/\$12,000 Family**

The calendar year Maximum Out of Pocket applies to pharmacy and medical. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

**Buy-Up Plan**

	<b>1-30 Day <u>Supply Retail</u></b>	<b>90 Day <u>Supply Mail</u></b>
<b>Generic &amp; Non-Preferred Generic Medications</b>	<b>\$ 5</b>	<b>\$ 10</b>
<b>Preferred Brand Medications</b>	<b>\$ 20</b>	<b>\$ 40</b>
<b>Non-Preferred Brand Medications</b>	<b>\$ 40</b>	<b>\$ 80</b>
<b>*Specialty Medications</b>	<b>20% with \$300 max</b>	

**Maximum Out of Pocket (MOOP): \$4,000 Individual/\$12,000 Family**

The calendar year Maximum Out of Pocket applies to pharmacy and medical. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

**QHDHP Plan**

**Deductible: \$2700 individual/ \$5400 family**

The calendar year deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family deductible. Once met, your covered prescriptions are subject to the copays below. Generic dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	<b>1-30 Day <u>Supply Retail</u></b>	<b>90 Day <u>Supply Mail</u></b>
<b>Generic &amp; Non-Preferred Generic Medications</b>	<b>\$ 5</b>	<b>\$ 10</b>
<b>Preferred Brand Medications</b>	<b>\$ 20</b>	<b>\$ 40</b>
<b>Non-Preferred Brand Medications</b>	<b>\$ 40</b>	<b>\$ 80</b>
<b>*Specialty Medications</b>	<b>20% with \$300 max</b>	

**For Prescription Drug Card Member Services Call RxBenefits at 1-800-334-8134**

**Maximum Out of Pocket (MOOP): \$3,500 Individual/\$6,000 Family**

The calendar year Maximum Out of Pocket applies to pharmacy and medical. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the MOOP.

**\*Specialty Medications:** Specialty medications are limited to a 30-day supply and must be ordered from Express Scripts at 1-800-803-2523. Specialty medications require prior authorization and quantity limits may apply.

**SaveOnSP—Copay Assistance:** Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third-party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

**Manufacturer Copay Assistance Program (MCAP):** Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third-party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

**Generic Policy:** If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand co-pay plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

**LCV (Low Clinical Value):** Formulary exclusions including low clinical value drugs will be excluded.

**DRUGS COVERED\***

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$250 per script will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- Contraceptives: Oral, transdermal, intravaginal, implantable devices, injectable, diaphragms, IUD's and extended cycle products (quantity limits apply)
- ADD/ADHD Medications
- Diabetic Medications (quantity limits apply)
- Androgens
- Topical Acne Medications
- Narcolepsy Medications (prior authorization required)
- Growth Hormones (prior authorization required and step therapy apply)
- Migraine medications (quantity limits apply)
- Hypnotics (quantity limits apply)
- Infertility Medications (Oral medications only)
- Pain/Narcotics (prior authorization required and quantity limits apply)
- Gastrointestinal-Antiemetics (quantity limits apply)
- Prescription Vitamins

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- Prescription and OTC smoking cessation; OTC requires prescription
- Medication costs exceeding \$1,000 per 30 day supply and \$3,000 per 90 day supply require prior authorization

#### **EXCLUSIONS\***

- Biologicals, Non-ACA Vaccines, Immunization Agents
- Blood Products and Serums
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Anabolic Steroids
- Anti-obesity/Appetite Suppression medications
- Impotency Medications
- Topical Analgesic Pain Patches
- Nutritional Supplements
- Formulary Exclusion List
- OTC Products unless noted above
- Therapeutic devices or appliances unless listed as a covered product
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a physician's office, licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

**\*This is not an inclusive list but is a representation of the most commonly used medications. Contact member services for specific drug coverage information.**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at [www.Express-Scripts.com](http://www.Express-Scripts.com) to check drug costs and coverage.

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