



Knox County Prescription Medication Benefit Plans

January 1, 2021 – December 31, 2021

Premium Formulary

The Premium Formulary encourages lower-cost medication options, such as generics, and promotes medication quality and safety through clinically driven programs, such as prior authorization, quantity limits, step therapy and drug exclusion. The Premium Formulary Preferred Drug List (PDL) is a list of medications preferred by your plan that can help you maximize your pharmacy benefit by minimizing your prescription costs. You can view the PDL online by visiting www.optumrx.com. For drugs excluded from the Premium Formulary, if your physician documents all Premium Formulary drugs have been “tried and failed” the member will be able to fill the excluded medication (DAW penalty applies).

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Customer Care Center If you have a question about your pharmacy benefit, call the OptumRx Customer Care Center using the phone number on the back of your OptumRx insurance card: (844) 265-1774.</p> | <p>Specialty Medications Certain medication used for treating complex health conditions (e.g. Hepatitis, Oncology, etc.) must be obtained through OptumRx Specialty Pharmacy. Specialty medications can only be filled for a 30-day supply. Call OptumRx Specialty toll-free at 855-427- 4682.</p> |
| <p>Extended Benefit Program If your medication is not covered on the formulary, then you will still be able to obtain the medication at a discounted price but will be responsible to pay the entire cost of the prescription. Just present your OptumRx insurance card to obtain discounted pricing. Costs paid towards extended benefit medications do not apply to your maximum out-of-pocket.</p> | <p>Preventive Care Medications Under the health reform law, pharmacy benefit plans must cover certain preventive medications at 100% - without a deductible. Covered medications include:</p> <ul style="list-style-type: none"> • Aspirin for adults • Oral fluoride supplementation for children • Folic acid for women planning or capable of pregnancy • Smoking cessation • Influenza vaccine & Shingles vaccine for individuals over 60 • Iron supplementation for babies • Prescription and OTC contraceptives for women • Bowel preparation agents • Breast cancer preventive medications (subject to prior authorization) • Certain statin medications (subject to prior authorization) • HIV PrEP <p>In addition to the health reform preventive medications, your pharmacy benefits include special coverage for other preventive medications. These drugs help protect against or manage a medical condition, such as:</p> <ul style="list-style-type: none"> • Cardiovascular conditions & heart disease • Osteoporosis • Diabetes • Asthma & COPD • HIV/AIDS <p>Please refer to member contributions listed below to determine your cost. For a complete listing of preventive medications, please visit the member website at www.optumrx.com.</p> |
| <p>Dispense As Written (DAW) Penalty If you or your physician choose a brand medication when a generic alternative is covered, then you will be charged a penalty of the applicable brand copay + the difference in cost between the brand and the generic alternative.</p> | |
| <p>30-Day Supply <i>Nationwide Pharmacy Network</i> You have access to approximately 80,000 chain and independent pharmacies.</p> <p>90-Day Supply <i>Convenient Mail Service Pharmacy</i> OptumRx Home Delivery is an easy way to receive up to a 90-day supply of your maintenance medication delivered by mail to your door. Standard shipping is free. Orders are shipped in confidential, tamper-evident packaging from OptumRx Home Delivery pharmacies. Call toll-free at (800) 763-0044.</p> <p><i>Convenient 90-Day at Retail Program</i> This program allows you to obtain a 90-day supply of your maintenance medication at any participating community pharmacy.</p> | |

| Member | Plan Option 1 | Plan Option 2 | Plan Option 3 |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Annual Deductible (integrated with Medical) | \$2,000 Individual \$4,000 Family | \$100 Individual \$200 Family | \$100 Individual \$200 Family |
| Annual Out of Pocket Maximum (integrated with Medical) | \$4,000 Individual \$8,000 Family | \$4,000 Individual \$8,000 Family | \$3,000 Individual \$6,000 Family |
| Health Reform Preventive Medications (all days supplies) | \$0 (no deductible) | \$0 (no deductible) | |
| 30 day supplies of Preventive Medications (non-health care reform) | Most Generic Prescriptions = \$0 (no deductible) Preferred & Non-preferred Brand = 20% (after deductible) | Most Generic Prescriptions = \$0 (no deductible) Preferred Brand = \$40 (no deductible) Non-preferred Brand = \$60 (after deductible) | |
| 90 day supplies of Preventive Medications (non-health care reform) | Most Generic Prescriptions = \$0 (no deductible) Preferred & Non-preferred Prescriptions = 20% (after deductible) | Most Generic Prescriptions = \$0 (no deductible) Preferred Brand = \$80 (no deductible) Non-preferred Brand = \$120 (no deductible) | |
| 30 day supplies of all other covered medications | 20% (after deductible) | Most Generic Prescriptions = \$4 (no deductible) Preferred Brand = \$40 (after deductible) Non-preferred Brand = \$60 (after deductible) | |
| 90 day supplies of all other covered medications | 20% (after deductible) | Most Generic Prescriptions = \$8 (no deductible) Preferred Brand = \$80 (no deductible) Non-preferred Brand = \$120 (no deductible) | |
| 30 day supplies of Specialty | 20% (after deductible) | Please contact the Customer Care Center. | |