

RETIREE PLAN SCHEDULE OF BENEFITS FOR COVERED INDIVIDUALS

NOT MEDICARE-ELIGIBLE

AND ENROLLED IN COMPREHENSIVE MEDICAL BENEFITS

All Benefits Effective January 1, 2023

PRESCRIPTION BENEFITS

Not available to deferred lathers or to Medicare-eligible individuals with Medicare Part D coverage.

Claims must be submitted to the Plan's Contracted Network Providers



EXPRESS SCRIPTS®

Express Scripts
(800) 939-2089
Representatives available 24/7
www.express-scripts.com



Accredo
(800) 803-2523
M – F: 7 a.m. to 10 p.m.
SAT: 7 a.m. to 4 p.m.
www.accredo.com

	EXPRESS SCRIPTS		ACCREDO
	Network Retail Pharmacy Lesser of 100 units or 30-day supply	Mail Order Program or Walgreens Up to a 90-day supply	Specialty Medications For complex conditions (cancer, hemophilia, etc.)
OUT-OF-POCKET MAXIMUM <i>Per calendar year</i> Excludes Select Specialty Medications	For Single-Source Brand: \$1,500 per covered individual \$3,000 per family For Generic/Multi-Source (combined): \$1,500 per covered individual \$3,000 per family		For Non-Select Specialty: \$1,500/covered individual \$3,000/family
GENERIC Copayment per drug	\$5.00	\$12.50	
SINGLE-SOURCE BRAND <i>Generic not available</i> Copayment per drug	20% \$10 minimum \$100 maximum	20% \$25 minimum \$250 maximum	
MULTI-SOURCE BRAND <i>Generic is available</i> Copayment per drug	35% \$20 minimum	35% \$50 minimum	
NON-SELECT SPECIALTY MEDICATIONS Copayment per drug Used to treat complex conditions such as cancer, hemophilia, immune deficiency, rheumatoid arthritis, etc. and require a higher level of care			20% \$20 minimum \$100 maximum
SELECT SPECIALTY MEDICATIONS <i>Must enroll in the SaveOn SP Program through Accredo for this benefit. For a list of covered specialty medications, please visit www.Accredo.com</i>			\$0 Copayment per Drug for members enrolled in the <i>SaveOn SP Program</i>