

## ICUBA April 1, 2020 – March 31, 2021 Prescription Medication Plan

The following is a brief overview of your pharmacy benefit<sup>‡</sup>. To help keep your costs low, ICUBA pays a portion of the cost, and you pay the rest.

### 30-Day Supply

#### Nationwide Pharmacy Network

You have access to more than 62,000 chain and independent pharmacies including: Costco, CVS, Publix Super Markets Inc., Walgreens, Target, The Medicine Shoppe, Walmart, Winn-Dixie Stores, Inc.

### 90-Day Supply

#### Convenient Mail Service Pharmacy

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 Home Delivery pharmacies. Call toll-free at (800) 763-0044.

#### 90-Day at Retail Program

This program allows you to obtain a 90-day supply of your maintenance medication at more than 45,000 participating community pharmacies.

### Out-of-Pocket Maximum

In-network Rx copays will be applied toward an individual maximum out-of-pocket of \$2,000 and \$4,000 for family. Once you reach your out-of-pocket maximum, your prescriptions will be paid at 100% by the plan and no cost to you (\$0 copay).

### Diabetic Supplies

The following prescribed diabetic supplies are covered at 100%, \$0 copay: meters, lancets, lancing devices, test strips, control solution, insulin needles and syringes.

### Rx with Over-the-Counter (OTC) alternatives

The Rx with OTC strategy excludes certain prescription products when therapeutically acceptable over-the-counter (OTC) alternatives are available.

### Over-The-Counter and Generic Preventive Medications

With a prescription from your physician, the following OTC and generic preventive medications are covered as part of your pharmacy benefit with \$0 copay: Aspirin for adults, prenatal vitamins or folic acid for women planning or capable of pregnancy, iron supplementation, oral fluoride supplementation for children, vaccines, Vitamin D for adults, bowel preparation agents for colorectal cancer screening, and select statins for prevention of cardiovascular disease (CVD).

### Tobacco Cessation

Tobacco cessation medications are covered with \$0 copay when you participate in coaching or counseling options through local Area Health Education Centers, BCBS telephonic coaching or Resources for Living counseling. (See flyer for more information!)

### Specialty Medications

Certain medications used for treating complex health conditions (e.g. Hepatitis, HIV/AIDS, Oncology, etc.) must be obtained through Briova Specialty Pharmacy. Call Briova toll-free at (855) 4BRIOVA.

### Optum Rx Web Portal

Find answers by visiting the OptumRx Portal through the single sign-on section at [ICUBAbenefits.org](http://ICUBAbenefits.org) with features designed so you can find your lowest copay, manage your Home Delivery prescriptions, keep track of your health history and more!

### Health Care Advisor

If you have a question about your pharmacy benefit, call the Health Care Advisor team toll-free at (855) 811-2213, 24 hours a day, 7 days a week.

### ICUBAcares Pharmacist Advocate Program

If you have a question about your pharmacy benefit and would like to speak with a Pharmacist at ICUBAcares, call (877) 286-3967.

Copayments	Prescription-Fill Methods*		
Tier	Retail: Up to a 30-day supply	90-Day at Retail Program Up to a 90-day supply	Mail: Up to a 90-day supply
Preferred generics at the Nova Southeastern University (NSU) pharmacy	\$0	\$0	N/A
Preferred generics at other network pharmacies	\$5	\$10	\$10
Non-Preferred generics	\$10	\$20	\$20
Preferred brands: brand-name medications on the Preferred Medication List (PML)**	\$40	\$80	\$80
Non-preferred brands: brand-name medications not on the Preferred Medication List	\$75	\$150	\$150
Preferred specialty at Briova Specialty Pharmacy	\$75***	N/A	N/A
Non-preferred specialty at Briova Specialty Pharmacy	\$75***	N/A	N/A

<sup>‡</sup> Prior authorization may be required to ensure safe and effective use of select prescription drugs. Your physician may be asked to provide additional information to determine medical necessity.

\* Unless medically necessary, members will be required to pay the difference in cost between a brand and generic drug if the brand is requested when a generic equivalent is available.

\*\* The PML 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 PML online by visiting [optumrx.com](http://optumrx.com)

\*\*\* Specialty medications are limited to a 30 Day Supply. Copay Assistance Cards are acceptable to preferred specialty products