

Prescription Drug Benefits

	Express Scripts		
	Standard		HDHP/HSA
	Retail	Mail Order	Retail & Mail Order
Annual Prescription Deductible (in-network)	\$50 per person	None	\$2,700 per person \$5,450 per family (combined with medical deductible)
Annual Prescription Out-of-Pocket Maximum (includes deductible)	In-Network \$2,500 Individual/\$5,000 Family Out-of-Network \$2,500 Individual/\$5,000 Family		In-Network \$4,200 Individual/ \$8,450 Family Out-of-Network \$7,000 Individual/\$13,000 Family (combined with medical out-of-pocket maximum)
Tier 1: Generic	Up to a \$10 copay	Up to a \$25 copay	You pay 15% after deductible
Tier 2: Preferred Brand Name	Up to a \$35 copay	Up to a \$90 copay	You pay 25% after deductible
Tier 3: Non-Preferred Brand Name	Up to a \$60 copay	Up to a \$150 copay	You pay 50% after deductible
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply (retail) or 90-day supply (mail order)

The Medical Trust Pharmacy Benefit

FAQs

Why won't Express Scripts (ESI) let me refill my medication at my local pharmacy?

You can fill any one prescription for a maintenance medication (defined as one you take on a long-term basis) three times at your local pharmacy. "Three times" means the original prescription and two refills. After the third fill, you need to use ESI's home-delivery pharmacy. If you continue to fill at your local pharmacy, you will have to pay the full cost of the medication. Keep in mind that certain medications can be filled locally beyond the third fill, including those covered by federal and state regulations, or prescribed in acute care situations.

Why does the cost of my medications vary?

The cost depends upon the category of prescribed drug: generic, preferred brand name, or non-preferred brand name. It's always a good idea to ask your doctor if the prescription is for a generic drug, and if not, ask if a generic is available and can be used instead. Here's why: If you have a prescription for a brand-name drug when a generic one is available, you will pay more. You will pay the generic copay *plus* the difference in price between the brand-name drug and its generic equivalent. To identify lower cost alternatives to discuss with your doctor, log on to www.express-scripts.com and go to the My Rx Program.

In addition, remember that a \$50 yearly deductible applies to medications filled at a local pharmacy, except for oral antibiotics. If you are enrolled in a High Deductible Health Plan, you will pay the full cost of the medication while you are in the deductible phase.

Why does ESI require my doctor to obtain prior authorization?

Prior authorization involves a review process conducted by ESI to see whether the medication is the right medication for the situation. The review determines if the prescribed drug is only used for a specific condition, to treat a condition the plan does not usually cover, or the quantity being dispensed does not meet prescribing standards. ESI's prior authorization, once granted, enters an approval in the system that will allow your claim to be paid. These prior authorizations may be subject to periodic reviews.

Why does ESI exclude from its formulary the medication my doctor prescribed?

An independent panel of physicians and pharmacists determines which drugs are included in the formulary. The list represents what the panel determines to be the safest, most medically-effective and cost-effective medications for each ailment. If your prescription is not on the formulary list, your physician can contact Express Scripts at (800) 753-2851 to request a clinical exception from ESI's Prior Authorization group. Requests may or may not be approved.

Why did I receive a medication I did not order?

Did you sign up for Worry-Free Fills (WFF), an automatic refill program, for home delivery prescriptions? Two weeks before a prescription is dispensed, ESI will contact you saying that you have up to 10 days to cancel the order or modify the shipping date. ESI will reach out to you by automated call, email, or letter, depending on the information on record. To cancel the order, modify the shipping date, or disenroll from WFF, call ESI Customer Service at (800) 841-3361 or go to the WFF Center on www.express-scripts.com to remove a medication from the program.

I am taking an extended vacation abroad. How can I get a sufficient quantity of medication to take with me?

First, call ESI Customer Service at (800) 841-3361 and let them know you need an “early” fill/refill related to your vacation.

Next, ask your doctor for a prescription for the exact drug quantity that will cover your time away. Then your doctor needs to e-prescribe or fax the prescription to ESI. If you have a paper prescription, you will need to mail it to ESI. Be sure that ESI gets your prescription early — at least six weeks before your scheduled trip to avoid any delays.

How can I get reimbursed for a flu/shingles vaccine administered at a local health fair or pharmacy?

Remember to get an itemized receipt for the vaccine you receive and then submit it to CPG Client Services at 19 East 34th Street, New York, NY 10016. (If you present your ESI card to the pharmacy, both the vaccine and administration fee will be covered.)

More help or information needed?

Contact ESI Customer Service at (800) 841-3361, or Church Pension Group Client Services at (800) 480-9967, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays), or write Church Pension Group Client Services at 19 East 34th Street, New York, NY 10016.