

Prescription Benefit Plan Summary

Members Health Plan NJ Offers Its Members Comprehensive Pharmacy Coverage Through Express Scripts

The following Prescription Drug Benefit Section applies for all Plans that have elected Prescription Coverage. Please contact your Employer or refer to your ID Card to see which Rx Option you are enrolled in.

PRESCRIPTION PLAN OPTIONS	
RX Plan 1 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)	
Retail (30 day supply): \$15 - Generic, \$35 - Preferred Brand, \$50 - Non Preferred Brand	
Maintenance and Home Delivery (90 day supply)*: \$35 - Generic, \$82.50 - Preferred Brand, \$120 - Non Preferred Brand	
RX Plan 2 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)	
Retail (30 day supply): \$30 - Generic, \$50 - Preferred Brand, \$80 - Non Preferred Brand	
Maintenance and Home Delivery (90 day supply): \$70 - Generic, \$120 - Preferred Brand, \$195 - Non Preferred Brand	
RX Plan 3 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)	
Retail (30 day supply): Generic: - \$15 copay, Brand - 50% copay (Min of \$25 /Max of \$500) (50% copay applies to the contracted rate)	
Maintenance and Home Delivery (90 day supply)*: Generic: - \$37.50 copay, Brand - 50% copay (Min of \$62.50 /Max of \$1,250) (50% copay applies to the contracted rate)	
RX Plan 4 - ONLY Available with Plans N, R, S, W (This RX plan would be considered an IRS/HSA compatible RX plan.)	
MEMBER MUST MEET MEDICAL DEDUCTIBLE BEFORE COPAY APPLIES	
Retail (30 day supply): \$15 - Generic, \$35 - Preferred Brand, \$50 - Non Preferred Brand	
Maintenance and Home Delivery (90 day supply)*: \$35 - Generic, \$82.50 - Preferred Brand, \$120 - Non Preferred Brand	
RX Plan 5 - ONLY Available with Plans N, R, S, W (This RX plan would be considered an IRS/HSA compatible RX plan.)	
MEMBER MUST MEET MEDICAL DEDUCTIBLE BEFORE COPAY APPLIES	
Retail (30 day supply): Generic: - \$15 copay, Brand - 50% copay (Min of \$25 /Max of \$500) (50% copay applies to the contracted rate)	
Maintenance and Home Delivery (90 day supply)*: Generic: - \$37.50 copay, Brand - 50% copay (Min of \$62.50 /Max of \$1,250) (50% copay applies to the contracted rate)	
RX Plan 6 - Only available with Medical Plans (Plans A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z) (if No RX is selected, medical rates will increase 3%)	
No RX Coverage	

You can select one (1) or more Rx Options per each Medical Plan Option you select

All MHPNJ Prescription Programs have cost saving measures in place to ensure that both our Members and our Plan save the most on covered prescriptions.

- ***Maintenance Medication (90-day supply) and Home Delivery Program – Walgreens Smart 90 Program.** You'll pay more for Your long-term Drugs (such as those used to treat high blood pressure or high cholesterol) unless You use a Walgreens Pharmacy or order Your prescriptions through the mail by using the Mail Order Pharmacy. The first two times that You purchase a long-term drug at a participating retail Pharmacy, You'll pay Your retail co-payment. After the second purchase, You'll pay a higher cost if You continue to purchase maintenance medications in a 90-day supply at any retail pharmacy except Walgreens Pharmacy.
- **Save by using Generics** - The Plan has a program in place to automatically fill your prescription with the low cost generic alternative to save both you and the Plan. If you request a brand-name medication when a generic equivalent is available, you will pay the applicable co-payment, plus the difference in cost between the brand and the generic.
- **SaveonSP Program**- The Plan is partnering with Express-Scripts' program: SaveonSP, a specialty pharmacy Copayment assistance program. By participating in this program, select specialty medications will be free of charge (\$0). Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy. Certain specialty pharmacy drugs are considered non-essential health benefits under the Plan and the cost of such drugs will not be applied toward satisfying the participant's Maximum Out-of-Pocket (drug list can be found at www.membershealthplannj.com under pharmacy); although the cost of the Program drugs will not be applied towards satisfying a participant's out-of-pocket maximum, the cost of the Program drugs will be reimbursed by the manufacturer at no cost to the participant; and Copayments for certain specialty medications may be set to the max of the current plan design or any available manufacturer-funded Copayment assistance. The program currently targets 150+ specialty drugs in 10 therapy classes: Asthma & Allergy, Blood Cell Deficiency, Cystic Fibrosis, Hemophilia, Hepatitis C, Hereditary Angioedema, Inflammatory, Oncology, Multiple Sclerosis, Pulmonary Arterial Hypertension. Letters will be sent to impacted members on non-HSA plans to voluntarily enroll those individuals in the program. To enroll, simply call SaveonSP at 1-800-683-1074. If You choose not to participate, You will be responsible for an increased Copayment for select medications. Keep in mind that the Copayment will not count towards Your Deductible or Maximum Out-of-Pocket.