

Members HealthPlan^{NJ}

Prescription Benefit Plan Summary

Members Health Plan NJ Offers Its Members Comprehensive Pharmacy Coverage Through Aetna

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, \$50 - Preferred Brand, \$75 - Non Preferred Brand Maintenance and Home Delivery (90 day supply): \$35 - Generic, \$125 - Preferred Brand, \$187.50 - Non Preferred Brand Specialty (90 day max supply): Member pays 30% per prescription	
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): \$25 - Generic, \$75 - Preferred Brand, \$100 - Non Preferred Brand Maintenance and Home Delivery (90 day supply): \$60 - Generic, \$187.50 - Preferred Brand, \$250 - Non Preferred Brand Specialty (90 day max supply): Member pays 30% per prescription	
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) Specialty (90 day max supply): Member pays 50% per prescription	
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, \$50 - Preferred Brand, \$75 - Non Preferred Brand Maintenance and Home Delivery (90 day supply): \$35 - Generic, \$125 - Preferred Brand, \$187.50 - Non Preferred Brand Specialty (90 day max supply): Member pays 30% per Prescription after Deductible (No Min or Max applies)	
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 after Deductible / Brand - 50% Copay after Deductible (Min of \$25 /Max of \$500) (50% Copay applies to the contracted rate) Maintenance and Home Delivery (90-day supply): Generic: - \$37.50 Copay after Deductible / Brand - 50% Copay after Deductible (Min of \$62.50 /Max of \$1,250) (50% Copay applies to the contracted rate) Specialty (90 day max supply): Member pays 50% per Prescription after Deductible (No Min or Max applies)	
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.

- Aetna RX Home Delivery - Mail order will save members significantly for the long-term. Once members get started, they can request refills easily by mail, online, or over the phone.
- Maintenance Medications - All enrollees will be required to use the Aetna Home Delivery Pharmacy or CVS Pharmacies to fill Prescriptions for maintenance medications. Enrollees will be permitted to fill Prescriptions for maintenance medications up to two (2) times prior to being required to switch to Aetna RX Home Delivery mail-order Pharmacy or CVS Pharmacy retail locations.
- Save by using Generics. The Plan has a program in place to automatically fill the enrollee's Prescription with the low cost generic alternative to save dollars for the enrollee and the Plan.
- Dispense as written - If You request a brand-name medication when a generic equivalent is available, You will pay the applicable Copayment, plus the difference in cost between the brand and the generic.
- PrudentRx Copay Program for Specialty Medications-The Plan has contracted with PrudentRX to offer the PrudentRX Copay program, a specialty Pharmacy Copayment assistance program. Members will have a \$0 copay for specialty medications on the Plan's Exclusive Specialty Drug List dispensed by CVS Specialty®, as long as they enroll in the PrudentRX program. 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; although the cost of the Program Drugs will not be applied towards satisfying a participant's Maximum Out-of-Pocket, the cost of the Program Drugs will be reimbursed by the manufacturer at no cost to the participant. The program currently targets specialty Drugs in therapy classes: hepatitis c, autoimmune, oncology, and multiple sclerosis. If you currently take one or more medications included in the Plan's Exclusive Specialty Drug List, You will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to Your medication. All eligible members will be automatically enrolled in The PrudentRx Copay Program, but You can choose to opt out of the program by calling 1-800-578-4403. To enroll, simply call PrudentRx at 1-800-578-4403 and to address any questions regarding the PrudentRx Copay Program. If You choose not to participate or do not affirmatively enroll, You will be responsible for the full amount of the 30% or 50% Coinsurance responsibility on eligible specialty medications. Keep in mind that the Coinsurance will not count towards Your Deductible or Maximum Out-of-Pocket as your out of pocket costs will be \$0. This program does not apply to anyone enrolled in the Plan's HSA compatible plans, RX Plan 4 & RX Plan 5.