

## 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 Benefit Plans that have elected Prescription Coverage. Please contact your Employer or refer to Your member ID Card to see which Rx Option you are enrolled in.

There is no Deductible, Coinsurance, Copayment, or any other cost-sharing requirement for contraceptives except in the case of a high deductible health plan. Benefits for male sterilization or male contraceptives shall be provided at the lowest deductible and other cost-sharing permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

PRESCRIPTION PLAN OPTIONS
<b>Benefit Plan RX 1 – Only available with Medical Plans (A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)</b>
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
<b>Benefit Plan RX 2 - Only available with Medical Plans (A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)</b>
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
<b>Benefit Plan RX 3 - Only available with Medical Plans (A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)</b>
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
<b>Benefit Plan RX 4 - ONLY Available with Plans N, R, S, W (This RX Plan would be considered an IRS/HSA compatible RX Plan.)</b>
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)
<b>Benefit Plan RX 5 - ONLY Available with Plans N, R, S, W (This RX Plan would be considered an IRS/HSA compatible RX Plan.)</b>
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)
<b>Benefit Plan RX 6 - Only available with Medical Benefit Plans (A, B, D, F, G, H, J, K, L, M, O, P, T, U, V, X, Y, Z)</b> <b>(If No RX is selected, medical rates will increase 3%)</b>
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.**

- CVS Caremark Mail Service Pharmacy - 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 CVS Caremark Mail Service 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 CVS Caremark Mail Service Pharmacy or CVS Pharmacy retail locations.
- If You request a brand-name medication when a generic equivalent is available, You will pay the applicable brand Copayment, plus the difference in cost between the brand and the generic. For Prescriptions marked as Dispense as Written by a Physician, You will pay the applicable brand Copayment.
- 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 PrudentRx Program Drug List dispensed by CVS Specialty®, as long as they affirmatively enroll in the PrudentRX program. Some specialty medications may qualify for third-party Copayment assistance programs that could lower your out-of-pocket costs for those products. For any such specialty medication where third-party Copayment assistance is used, the member shall not receive credit toward their Maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate. The program currently targets Specialty Prescription Drugs in therapy classes: hepatitis c, autoimmune, oncology, and multiple sclerosis. If you currently take one or more medications included in the PrudentRx Program 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 Benefit Plan’s HSA compatible plans, Benefit Plan RX 4 & Benefit Plan RX 5. The PrudentRx Program Drug List is available at <https://membershealthplannj.com/benefits/pharmacy/>