

CMS Bureau of Benefits - Prescription Drug (RX) Overview

Background

CMS administers four insurance programs mandated by the State Employees Group Insurance Act (5 ILCS/375). All health plans have an RX component:

- **State Employees Group Insurance Program (SEGIP) - Plan Offerings:**
 - **Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) and Open Access Plans (OAP)**
 - ✓ Provides coverage for actively working employees/dependents, pre-Medicare retirees and households that have both Medicare and non-Medicare covered individuals
 - ✓ These health plan options have two different *plan designs, one for the PPO plan and one for the HMO and OAP plans
 - **Medicare Advantage Prescription Drug Plan (MAPD) PPO and HMO**
 - ✓ Provides coverage for Medicare covered retirees and their Medicare covered dependents
 - ✓ These health plan options have two different *plan designs, one for the PPO and one for the HMO
- **Teachers' Retirement Insurance Program (TRIP) – Plan Offerings:**
 - **Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) and Open Access Plans (OAP)**
 - ✓ Provides coverage for pre-Medicare retirees and households that have both Medicare and non-Medicare covered individuals
 - ✓ These health plan options have two different *plan designs, one for the PPO plan and one for the HMO and OAP plans
 - **Medicare Advantage Prescription Drug Plan (MAPD) PPO and HMO**
 - ✓ Provides coverage for Medicare covered retirees and their Medicare covered dependents
 - ✓ These health plan options have two different *plan designs, one for the PPO and one for the HMO
- **College Insurance Program (CIP) – Plan Offerings:**
 - **Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) and Open Access Plans (OAP)**
 - ✓ Provides coverage for pre-Medicare retirees and households that have both Medicare and non-Medicare covered individuals
 - ✓ These health plan options have two different *plan designs, one for the PPO plan and one for the HMO and OAP plans
 - **Medicare Advantage Prescription Drug Plan (MAPD) PPO and HMO**
 - ✓ Provides coverage for Medicare covered retirees and their Medicare covered dependents
 - ✓ These health plan options have two different *plan designs, one for the PPO and one for the HMO
- **Local Government Health Plan (LGHP) - Plan Offerings:**
 - **Preferred Provider Organization (PPO), Health Maintenance Organization (HMO), Open Access Plans (OAP) and a High Deductible Plan**
 - ✓ Provides coverage for actively working employees /dependents, pre-Medicare retirees and households that have both Medicare and non-Medicare covered individuals
 - ✓ These health plan options have three different *plan designs, one for the PPO plan, one for the HMO and OAP plans and one for the High Deductible Plan
 - **Medicare Advantage Prescription Drug Plan (MAPD)**
 - ✓ Not offered to this population

*Plan Designs can be found at the end of this document. The plan design details the members expected out-of-pocket amounts.

Note: The PPO and OAPs are self-insured plans and have the RX benefit carved-out and administered by a Prescription Benefit Manager (PBM) procured separately from the carrier and by the State through a separate procurement. A self-insured plan means the State assumes the financial responsibility for paying claims as they are incurred instead of paying a fixed premium to an insurance carrier. The HMOs and MAPD plans are fully-insured plans and have the RX benefit provided by the insurance carriers PBM. A fully-insured plan means the State pays a flat amount to the insurance carrier each month that includes all claims incurred (medical, RX, behavioral health, etc.), as well as administrative services (call center, claims processing, etc.) provided by the insurance carrier.

Oversight of RX Benefit

Due diligence and State initiatives to control costs:

- **Works with Healthcare Expert Consultants and the States PBM on a regular basis to:**
 - ✓ Review detailed utilization of all drugs to closely monitor the plans drug spend based upon drug type, disease category, etc.
 - ✓ Identify national market trend experience to ensure the State-administered programs are in-line with other States and groups of comparable size
 - ✓ Routinely perform a "Market Check" to ensure the State is receiving maximum savings for prescription drugs
 - ✓ Make recommendations with respect to plan design and other cost savings initiatives
 - ✓ Provides recommendations to reduce unnecessary drugs cost such as dietary management products, limiting number of diabetic supplies due to mis-use, etc.
 - ✓ Stay informed so as the markets evolve, we can implement changes to protect both the members and the State

- **Puts processes in place to help control costs:**
 - ✓ Prior Authorizations (way to control utilization by allowing members who clinically need these medications controls put in place to limit what medical providers can prescribe)
 - ✓ Step Therapy (working from least expensive drug to most expensive drug)
 - ✓ Advanced Control Specialty Formulary (manages costs of specialty medications by utilizing lower cost specialty medications before moving to higher costs specialty medications)
 - ✓ Safety and Monitoring Reviews (monitoring and reporting of suspicious activity of overprescribed drug(s) and/or patient using multiple prescribers for the same drug)
 - ✓ Opioid Therapy (managing and reducing use of opioid medications by reducing day supply and applying quantity limits for opioid-based drugs)

Program Challenges

The State is limited in its ability to effectuate change:

- For SEGIP - due to the State's Collective Bargaining Agreements (CBA) with various unions, plan design changes are limited and at the discretion of the CBA. CBA have been historically negotiated every four years which does not allow for plan design changes to be made quickly. This delay in implementing a new plan design can cost the State millions of dollars of savings year over year.
- Impact of lobbying groups – the various lobbying groups prevent savings initiatives if it negatively impacts their clients. This includes items such as:
 - ✓ Opposition to Network Exclusivity – limiting the network to achieve savings
 - ✓ Opposition to Mail-order Exclusivity – limit the network for maintenance medications whenever possible
 - ✓ For the plans not governed by a CBA, opposition to plan design changes (TRIP and CIP)

Total RX Utilization and Spend for FY16, FY17 and FY18

SEGIP	Fiscal Year	Number of Prescriptions Filled	Dollar Value
	FY16	3,888,832	\$376,719,941
	FY17	3,847,008	\$398,816,699
	FY18	3,780,371	\$437,007,920
TRIP	FY16	668,359	\$66,819,956
	FY17	618,241	\$65,481,190
	FY18	574,509	\$64,001,279
CIP	FY16	54,898	\$4,603,249
	FY17	51,710	\$5,056,570
	FY18	52,754	\$5,655,697
LGHP	FY16	78,399	\$6,629,979
	FY17	126,131	\$10,894,686
	FY18	76,184	\$7,567,653

SEGIP Plan Designs

State Employees Group Insurance Program – HMO Plan Design for FY16, FY17 and FY18

\$100 Prescription Deductible Applies	
Prescription Drugs (30-day Supply at Retail) \$8 copayment for generic \$26 copayment for preferred brand \$50 copayment for non-preferred brand	Prescription Drugs (90-day Supply thru Mail Order) \$20 copayment for generic \$65 copayment for preferred brand \$125 copayment for non-preferred brand

State Employees Group Insurance Program – PPO Plan Design for FY16, FY17 and FY18

\$125 Prescription Deductible Applies	
Prescription Drugs (30-day Supply at Retail) \$10 copayment for generic \$30 copayment for preferred brand \$60 copayment for non-preferred brand	Prescription Drugs (90-day Supply thru Mail Order) \$25 copayment for generic \$75 copayment for preferred brand \$150 copayment for non-preferred brand

State Employees Group Insurance Program – OAP Plan Design for FY16, FY17 and FY18

\$100 Prescription Deductible Applies	
Prescription Drugs (30-day Supply at Retail) \$8 copayment for generic \$26 copayment for preferred brand \$50 copayment for non-preferred brand	Prescription Drugs (90-day Supply thru Mail Order) \$20 copayment for generic \$65 copayment for preferred brand \$125 copayment for non-preferred brand

State of Illinois Group Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY16

Rx Plan Year Deductible	\$125		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	\$25
Preferred Brand	\$30	\$60	\$75
Non-Preferred Brand and Specialty Drugs	\$60	\$120	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,850 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed \$60.00.		

State of Illinois Group Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY16

Rx Plan Year Deductible	\$100		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$8	\$16	\$20
Preferred Brand	\$26	\$52	\$65
Non-Preferred Brand and Specialty Drugs	\$50	\$100	\$125
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,850 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO	Generic	Non-Generic	
	\$2.95	\$7.40	
Health Alliance MAPD HMO	Greater of 5% of the retail cost of the drug OR \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed the caps below:		
Humana HMOs	30-Day Supply \$50	60-Day Supply \$100	90-Day Supply \$125

State of Illinois Group Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY17

Rx Plan Year Deductible	\$125		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	\$25
Preferred Brand	\$30	\$60	\$75
Non-Preferred Brand and Specialty Drugs	\$60	\$120	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,950 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.30/Generic or \$8.25/Non-Generic; the 5% cannot exceed \$60.00.		

State of Illinois Group Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY17

Rx Plan Year Deductible	\$100		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$8	\$16	\$20
Preferred Brand	\$26	\$52	\$65
Non-Preferred Brand and Specialty Drugs	\$50	\$100	\$125
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,950 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO	Generic	Non-Generic	
	\$3.30	\$8.25	
Health Alliance MAPD HMO and Humana HMOs	Greater of 5% of the retail cost of the drug OR \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed the caps below:		
	30-Day Supply	60-Day Supply	90-Day Supply
	\$50	\$100	\$125

State of Illinois Group Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY18

Rx Plan Year Deductible	\$125		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$10	\$20	\$25
Tier 2	\$30	\$60	\$75
Tier 3 and Tier 4 Specialty Drugs	\$60	\$120	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$5,000 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.35/Generic or \$8.35/Non-Generic; the 5% cannot exceed \$60.00.		

State of Illinois Group Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY18

Rx Plan Year Deductible	\$100		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$8	\$16	\$20
Tier 2	\$26	\$52	\$65
Tier 3 and Tier 4 Specialty Drugs	\$50	\$100	\$125
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$5,000 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO (An Aetna Company)	Generic	Non-Generic	
	\$3.35	\$8.35	
Health Alliance MAPD HMO and Humana HMOs	Greater of 5% of the retail cost of the drug OR \$3.35/Generic or \$8.35/Non-Generic; the 5% cannot exceed the caps below:		
	30-Day Supply	60-Day Supply	90-Day Supply
	\$50	\$100	\$125

TRIP Plan Designs

Teachers' Retirement Insurance Program – HMO Plan Design for FY16, FY17 and FY18

Prescription Out-of-Pocket Limit \$2,000 Individual / \$4,000 Family	
Prescription Drugs (30-day Supply at Retail) \$10 copayment for generic \$20 copayment for preferred brand \$40 copayment for non-preferred brand \$40 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$25 copayment for generic \$50 copayment for preferred brand \$100 copayment for non-preferred brand Pre-Authorization Required

Teachers' Retirement Insurance Program – PPO Plan Design for FY16, FY17 and FY18

Prescription Drug Out-of-Pocket maximum is \$1,500 per plan participant			
Copayments (30-day supply) TCHP applies 20% coinsurance to the retail cost of the drug not to exceed the maximum copayment or be less than the minimum copayment	Generic Preferred Brand Non-Preferred Brand	Minimum Greater of 20% or \$7 Greater of 20% or \$14 Greater of 20% or \$28	Maximum Lesser of 20% or \$50 Lesser of 20% or \$100 Lesser of 20% or \$150

Teachers' Retirement Insurance Program – OAP Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$10 copayment for generic \$20 copayment for preferred brand \$40 copayment for non-preferred brand	Prescription Drugs (90-day Supply thru Mail Order) \$20 copayment for generic \$40 copayment for preferred brand \$80 copayment for non-preferred brand
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Teachers' Retirement Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY16

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	\$30
Preferred Brand	\$25	\$50	\$75
Non-Preferred Brand and Specialty Drugs	\$50	\$100	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,850 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug <u>OR</u> \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed \$50.00.		

Teachers' Retirement Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY16

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	Retail Copayments are: Coventry = 2 times Health Alliance = 2.5 times Humana = 3 times
Preferred Brand	\$20	\$40	
Non-Preferred Brand and Specialty Drugs	\$40	\$80	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,850 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO	Generic		Non-Generic
	\$2.95		\$7.40
Health Alliance MAPD HMO	Greater of 5% of the retail cost of the drug <u>OR</u> \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed the caps below:		
Humana HMOs	30-Day Supply \$40	60-Day Supply \$80	90-Day Supply \$120

Teachers' Retirement Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY17

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	\$30
Preferred Brand	\$25	\$50	\$75
Non-Preferred Brand and Specialty Drugs	\$50	\$100	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,950 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.30/Generic or \$8.25/Non-Generic; the 5% cannot exceed \$50.00.		

Teachers' Retirement Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY17

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	Retail Copayments are: Coventry = 2 times Health Alliance = 2.5 times Humana = 3 times
Preferred Brand	\$20	\$40	
Non-Preferred Brand and Specialty Drugs	\$40	\$80	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,950 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO	Generic	Non-Generic	
	\$3.30	\$8.25	
Health Alliance MAPD HMO	Greater of 5% of the retail cost of the drug OR \$3.30/Generic or \$8.25/Non-Generic; the 5% cannot exceed the caps below:		
Humana HMOs	30-Day Supply	60-Day Supply	90-Day Supply
	\$40	\$80	\$120

Teachers' Retirement Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY18

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$10	\$20	\$30
Tier 2	\$25	\$50	\$75
Tier 3 and Tier 4 (Specialty Drugs)	\$50	\$100	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$5,000 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.35/Generic or \$8.35/Non-Generic; the 5% cannot exceed \$50.00.		

Teachers' Retirement Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY18

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$10	\$20	\$30
Tier 2	\$20	\$40	\$60
Tier 3 and Tier 4 (Specialty Drugs)	\$40	\$80	\$120
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$5,000 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO (An Aetna Company)	Generic \$3.35	Non-Generic \$8.35	
Health Alliance MAPD HMO and Humana HMOs	Greater of 5% of the retail cost of the drug OR \$3.35/Generic or \$8.35/Non-Generic; the 5% cannot exceed the caps below:		
	30-Day Supply \$40	60-Day Supply \$80	90-Day Supply \$120

CIP Plan Designs

College Insurance Program – HMO Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$12 copayment for generic \$24 copayment for preferred brand \$48 copayment for non-preferred brand \$96 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$30 copayment for generic \$60 copayment for preferred brand \$120 copayment for non-preferred brand Pre-Authorization Required
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College Insurance Program – PPO Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$12.50 copayment for generic \$25 copayment for preferred brand \$50 copayment for non-preferred brand \$100 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$25 copayment for generic \$50 copayment for preferred brand \$100 copayment for non-preferred brand \$200 copayment for specialty Pre-Authorization Required
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College Insurance Program – OAP Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$12 copayment for generic \$24 copayment for preferred brand \$48 copayment for non-preferred brand \$96 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$24 copayment for generic \$48 copayment for preferred brand \$96 copayment for non-preferred brand \$192 copayment for specialty Pre-Authorization Required
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College Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY16

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	\$30
Preferred Brand	\$25	\$50	\$75
Non-Preferred Brand and Specialty Drugs	\$50	\$100	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,850 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug <u>OR</u> \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed \$50.00.		

College Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY16

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	Retail Copayments are: Coventry = 2 times Health Alliance = 2.5 times Humana = 3 times
Preferred Brand	\$20	\$40	
Non-Preferred Brand and Specialty Drugs	\$40	\$80	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,850 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO	Generic		Non-Generic
	\$2.95		\$7.40
Health Alliance MAPD HMO	Greater of 5% of the retail cost of the drug <u>OR</u> \$2.95/Generic or \$7.40/Non-Generic; the 5% cannot exceed the caps below:		
Humana HMOs	30-Day Supply \$40	60-Day Supply \$80	90-Day Supply \$120

College Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY17

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs	\$10	\$20	\$30
Preferred Brand	\$25	\$50	\$75
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	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.30/Generic or \$8.25/Non-Generic; the 5% cannot exceed \$50.00.		

College Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY17

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
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Generic Drugs	\$10	\$20	Retail Copayments are: Coventry = 2 times Health Alliance = 2.5 times Humana = 3 times
Preferred Brand	\$20	\$40	
Non-Preferred Brand and Specialty Drugs	\$40	\$80	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$4,950 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO	Generic		Non-Generic
	\$3.30		\$8.25
Health Alliance MAPD HMO and Humana HMOs	Greater of 5% of the retail cost of the drug OR \$3.30/Generic or \$8.25/Non-Generic; the 5% cannot exceed the caps below:		
	30-Day Supply	60-Day Supply	90-Day Supply
	\$40	\$80	\$120

College Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – PPO Plan Design for CY18

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$10	\$20	\$30
Tier 2	\$25	\$50	\$75
Tier 3 and Tier 4 (Specialty Drugs)	\$50	\$100	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$5,000 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.35/Generic or \$8.35/Non-Generic; the 5% cannot exceed \$50.00.		

College Insurance Program

Medicare Advantage Prescription Drug Plan (MAPD) – HMO Plan Design for CY18

Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
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Tier 1	\$10	\$20	\$30
Tier 2	\$20	\$40	\$60
Tier 3 and Tier 4 (Specialty Drugs)	\$40	\$80	\$120
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$5,000 in "true out-of-pocket" prescription drug costs.		
	Up to a 90-Day Supply		
Coventry Advantra HMO (An Aetna Company)	Generic \$3.35	Non-Generic \$8.35	
Health Alliance MAPD HMO and Humana HMOs	Greater of 5% of the retail cost of the drug OR \$3.35/Generic or \$8.35/Non-Generic; the 5% cannot exceed the caps below:		
	30-Day Supply \$40	60-Day Supply \$80	90-Day Supply \$120

LGHP Plan Designs

Local Government Health Plan – HMO Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$12 copayment for generic \$24 copayment for preferred brand \$48 copayment for non-preferred brand \$96 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$30 copayment for generic \$60 copayment for preferred brand \$120 copayment for non-preferred brand Pre-Authorization Required
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Local Government Health Plan – PPO Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$12.50 copayment for generic \$25 copayment for preferred brand \$50 copayment for non-preferred brand \$100 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$25 copayment for generic \$50 copayment for preferred brand \$100 copayment for non-preferred brand \$200 copayment for specialty Pre-Authorization Required
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Local Government Health Plan – OAP Plan Design for FY16, FY17 and FY18

Prescription Drugs (30-day Supply at Retail) \$12 copayment for generic \$24 copayment for preferred brand \$48 copayment for non-preferred brand \$96 copayment for specialty	Prescription Drugs (90-day Supply thru Mail Order) \$24 copayment for generic \$48 copayment for preferred brand \$96 copayment for non-preferred brand \$192 copayment for specialty Pre-Authorization Required
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