

FY16 Prescription Drug Coverage

How Prescription Drug Coverage Works

- Under the \$750 Deductible and \$1,250 Deductible Health Plans there is a separate \$50 deductible (per person, per plan year) for prescription drugs. Copayments apply after the deductible is satisfied. If the price is less than the defined copayment, you will pay the lesser of the two amounts.
- Under the \$1,800 Deductible Health Plan with HSA, a \$1,800 Deductible (single coverage) and \$3,600 Deductible (family coverage) apply to both medical expenses and prescription drug expenses combined. Prescription drug coinsurance applies toward the out-of-pocket maximum after reimbursement by DAKOTACARE.
- If a physician indicates Dispense as Written (DAW) or if the member requests the brand name product when a generic is available, the member will pay the applicable copayment or coinsurance PLUS the difference between the brand name medication and the contracted rate. This cost difference is referred to as an ancillary charge.

FY16 Prescription Drug Plan

- The formulary list is available at <http://benefits.sd.gov/Forms.aspx> under the pharmacy section.
- Brand Preferred medications are products that contain no generic equivalent, but are recognized by the Pharmacy and Therapeutics Committee to be preferred treatment options on the basis of clinical outcomes.
- Specialty Preferred medications are prescription medications that are typically developed on DNA-based technologies. These medications require specialized management, monitoring and/or delivery. For more information, call DAKOTACARE at 800.831.0785.

PRESCRIPTION DRUG COVERAGE UNDER THE \$750 DEDUCTIBLE AND \$1,250 DEDUCTIBLE HEALTH PLANS

Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment
Tier 1 - Generic	\$10
Tier 2 - Brand Preferred	\$40
Tier 3 - Brand Non-Preferred	\$60
Tier 4 - Specialty Preferred	\$60
Tier 5 - Specialty Non-Preferred	\$85

PRESCRIPTION DRUG COVERAGE UNDER THE \$1,800 DEDUCTIBLE HEALTH PLAN

Prescription Drug Coverage
Member pays full prescription drug expenses directly to the pharmacy at the time of service.
Pharmacy charges are applied to deductible: \$1,800 single coverage or \$3,600 family coverage.
After the deductible has been met, the member is responsible for 25% coinsurance up to the plan year out-of-pocket maximum. Member then pays the full prescription drug expense with 75% reimbursement from DAKOTACARE.

