

## Your 2017 prescription drug coverage with Express Scripts

Members of The Episcopal Church Medical Trust (Medical Trust) who enroll in a Medical Trust plan with Anthem BCBS, Cigna, or UnitedHealthcare receive prescription coverage under the Express Scripts prescription drug program.<sup>1</sup> This fact sheet details the benefits in this program and offers information to help you maximize their value.

### Register online for valuable member services

We encourage you to register at [www.express-scripts.com](http://www.express-scripts.com) to take advantage of the many member services on the site.<sup>2</sup> Register using your member ID number from your prescription benefit ID card. Once you register, you can use the site to:

- View your prescription benefit information
- Order refills and track home delivery prescriptions
- Review your prescription history and expenses
- Compare prices for brand name and generic drugs
- Print home delivery order forms
- Locate participating retail pharmacies
- Access health and wellness tools and resources

### How to save on your prescriptions

#### 1. Use the Preferred Prescriptions Drug List (Formulary)

The preferred prescriptions drug list, or formulary, is a list of generic and brand-name drugs that are preferred by your plan. This list offers choices while helping to keep the cost of your prescription drug benefit affordable.

When you fill a prescription at a participating retail pharmacy or through the Express Scripts Pharmacy<sup>SM</sup> home delivery service, you will be notified if your plan does not cover your medication.

You can log in to [www.express-scripts.com](http://www.express-scripts.com) to find coverage, pricing details, and whether your medication has a generic equivalent. From the site, choose “Learn about formularies” under “Health & Benefits Information” along the top menu bar. You can search by medication name or treatment category. Or, you can call Express Scripts member services toll-free at (800) 841-3361.

#### 2. Choose generic drugs

FDA-approved generic drugs, like brand-name drugs, must meet established FDA standards of quality and purity to help ensure their safety and effectiveness, and they usually cost less. Generic versions have the same active ingredients as their brand-name counterparts, and they are equal in strength and dosage. Sometimes drug manufacturers use different inactive ingredients, such as fillers and dyes, which affect a drug’s shape, color, size, or taste.

#### Why generics cost less than brand-name drugs

A generic drug typically costs less to develop because its manufacturer does not have to perform the costly clinical studies that the brand manufacturer had to perform during development. In developing a generic version, the manufacturer can use the clinical data that was gathered about the brand-name drug’s safety and effectiveness.

<sup>1</sup> The prescription drug benefit is administered differently for members in Kaiser plans. These members should consult their Plan Document Handbook for details.

<sup>2</sup> New members will be able to register and access [www.express-scripts.com](http://www.express-scripts.com) as of January 1, 2017.

Prescriptions filled with generic drugs have lower copays. Ask your doctor or pharmacist whether a generic version of your medication is available and whether it would be right for you. Note that if you choose to purchase a brand-name prescription drug that has a generic equivalent, you will be required to pay the generic copay, plus the difference in cost between the brand-name drug and the generic.

### **3. My Rx Choices® program**

You can use the My Rx Choices prescription savings program to help identify lower-cost alternatives to the prescription medications that you or your covered family members take on an ongoing basis. Your doctor knows which medications are right for you, but may not know their cost. My Rx Choices provides you with lower-cost options for your medications, if available, so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval. Simply visit [www.express-scripts.com/choices](http://www.express-scripts.com/choices) to learn more. Or, you can call Express Scripts member services toll-free at (800) 841-3361.

### **4. Use a participating pharmacy when filling your prescription at retail**

Retail pharmacy service is most convenient for filling short-term prescription needs, such as an antibiotic to treat an infection. Up to a 30-day supply of medication can be covered at a participating retail pharmacy.

To locate a participating pharmacy near you, log in to [www.express-scripts.com](http://www.express-scripts.com) and choose, "Locate a pharmacy" under "Manage Prescriptions" along the top menu bar. Follow the on-screen instructions and enter a location using a ZIP code or the city and state (include a comma between the city name and the state abbreviation). You may also call (800) 841-3361 for help in locating a participating pharmacy near you.

### **When you fill your prescription at a non-participating pharmacy**

If you use a retail pharmacy that is not part of the Express Scripts network, you must pay the full cost of the prescription and then submit a direct reimbursement claim form to Express Scripts. You will be reimbursed for the amount the medication would have cost your plan at a participating pharmacy minus the copay you would have paid.

### **5. Use home delivery for maintenance prescriptions**

For a prescription you take on a long-term basis (90 days or more) you may use a participating retail pharmacy for up to three fills (the original fill and two refills), of a 30-day supply each time. For subsequent refills of the medication you will pay the entire cost unless you order it through the Express Scripts Home Delivery Pharmacy. Some medications, such as narcotics, are exempt from the mail-order requirement. If you are unsure if a medication you are taking is exempt, call Express Scripts member services at (800) 841-3361. Members who require medication on an ongoing basis should ask their doctors about prescribing up to a 90-day supply.

Along with having a larger supply and the convenience of medications shipped to your door, with home delivery:

- You save by having just one copay for each 90-day prescription
- Medications are shipped to you by standard delivery at no additional cost
- You can track your prescription online and order refills at [www.express-scripts.com](http://www.express-scripts.com) or by calling (800) 841-3361
- Licensed pharmacists are available around-the-clock for medication consultations
- Prescriptions are filled by specialist pharmacists who have expertise in the medications used to treat a specific condition, such as high blood pressure, high cholesterol, and asthma

Ask your doctor to write your prescription for up to a 90-day supply with refills for one year (when appropriate) instead of a 30-day supply with refills, in order to receive up to 90 days of medication for one home delivery copay. (You will be charged a home delivery copay regardless of the number of days' supply written on the prescription.)

The actual quantity may vary for each drug. Your doctor's instructions on how to take the medication, state and federal dispensing guidelines, or how the medication is packaged may impact the quantity and/or days' supply you can receive.

### **Worry-Free Fills® for your home delivery prescriptions**

For your convenience, Express Scripts offers automatic refills of up to a 90-day supply of many medications through its Worry-Free Fills program. (Not all medications are eligible.) Once you enroll, your eligible refills will automatically be shipped using your existing address and payment information, before your medication is due

to run out. Learn about Worry-Free Fills by visiting [www.express-scripts.com](http://www.express-scripts.com) or by calling member services at (800) 841-3361.

### **Stretch your home delivery payments with the extended payment program**

Instead of paying in full when you order a home delivery medication, you can opt to have your cost spread over three months. You can enroll online at [www.express-scripts.com](http://www.express-scripts.com) or by calling member services at (800) 841-3361.

### **Where to find more information about your plan**

Your prescription plan is determined by your diocese or group. Your prescription drug benefits are detailed in your medical Plan Document Handbook at [www.cpg.org/mtdocs](http://www.cpg.org/mtdocs). Copayments or coinsurance will apply subject to the terms of your plan as further described in the applicable plan's Summary of Benefits & Coverage and Plan Document Handbook.

### **Understanding special situations and programs**

#### **Limitations and prior authorization requirements**

Some medications are covered by your benefit only for specific medical conditions or for a specific quantity and duration, regardless of what your doctor prescribes. For example, a medication may not be covered when it is used for cosmetic purposes, or a quantity may be limited to certain amounts over designated time periods.

If a medication requires prior authorization, Express Scripts must review the prescription with your physician to determine whether it meets your plan's coverage requirements. The review uses plan rules based on FDA-approved prescription and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. If coverage is approved, you will pay your normal copay. If coverage is not approved, you will pay the full cost if you choose to purchase the medication.

#### **The Preferred Drug Step Therapy Program (PDST)**

The PDST program requires members to first try one or more specified drugs to treat a particular condition before the plan will cover another (usually more expensive) drug that their doctors prescribed. Step therapy is intended to reduce costs to you and your plan by encouraging the use of medications that are less expensive but can still treat your condition effectively.

#### **Specialty pharmacy services**

For members who use specialty medications, Accredo, an Express Scripts specialty pharmacy, can help meet the particular challenges of using those medications, many of which require injection or special handling. Examples of specialty medications include Betaseron, Avonex, Copaxone, Enbrel, Humira, Rebetro, and Peg-Intron. If you use a specialty medication, you can receive additional services when you fill your prescriptions via Accredo, including:

- Specially trained nurses and pharmacists who can answer your questions about specialty medications, their side effects, and the conditions they treat
- Expedited, scheduled delivery of your specialty prescription drugs to your home or doctor's office
- Supplemental supplies, such as needles and syringes that are required to administer the medication, at no additional charge
- Refill reminders and coordination of services with home care providers, case managers, and doctors or other healthcare professionals

#### **Freedom Fertility Pharmacy drug plan**

The infertility treatment benefit covers fertility medications for eligible subscribers and their spouses or domestic partners up to a \$10,000 lifetime limit when they use the Express Scripts Freedom Fertility Pharmacy drug plan. Treatment must be pre-authorized for medical necessity.

### **Contacting Express Scripts**

Call Express Scripts member services at (800) 841-3361, or visit [www.express-scripts.com](http://www.express-scripts.com)

## Contacting the Medical Trust

Call our Client Services team at (800) 480-9967, Monday – Friday, 8:30AM – 8:00PM ET, excluding holidays, or email [mtcustserv@cpq.org](mailto:mtcustserv@cpq.org)

*This fact sheet contains only a partial description of the Medical Trust Plans and is intended for informational purposes only. It should not be viewed as a contract, an offer of coverage, or investment, tax, medical, or other advice. In the event of a conflict between this fact sheet and the official Plan documents (summary of benefits and coverage, Plan Document Handbooks), the official Plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described in this document at any time, for any reason, and, unless required by law, without notice.*