

CATIC Financial

# PRESCRIPTION HEALTH PLAN

Member Brochure

Effective Date • January 1, 2024

**Offered Plans**

HDHP - HSA - BUY-UP

HDHP - HRA

HDHP - HSA - CORE

HDHP - HSA - BASE

**MedOne Pharmacy Benefit Solutions**

1590 University Avenue

Dubuque, IA 52001

**866-335-9057**

[www.medone-rx.com](http://www.medone-rx.com)



# HDHP - HSA - BUY-UP

## MEDICAL/RX DEDUCTIBLE

<b>Individual</b>	\$1,600
<b>Family</b>	\$3,200

## MEDICAL/RX OUT-OF-POCKET MAXIMUM

<b>Individual</b>	\$2,000
<b>Family</b>	\$4,000

**Non-Embedded:** Family must meet the entire deductible before co-pays apply.

## PAYMENT STRUCTURE

### Retail Pharmacy

	1-30 DAY SUPPLY	31-90 DAY SUPPLY
	Filling for acute and maintenance medications	Filling for acute and maintenance medications
<b>Generic</b>	DED then \$10	DED then \$30
<b>Preferred Brand</b>	DED then \$20	DED then \$60
<b>Non-Preferred Brand</b>	DED then \$40	DED then \$120

### MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY	31-90 DAY SUPPLY
	Filling for acute and maintenance medications	Filling for acute and maintenance medications
<b>Generic</b>	DED then \$10	DED then \$30
<b>Preferred Brand</b>	DED then \$20	DED then \$60
<b>Non-Preferred Brand</b>	DED then \$40	DED then \$120

### MedOne Specialty Pharmacy

	1-30 DAY SUPPLY
<b>Generic</b>	DED then \$10
<b>Preferred Brand</b>	DED then \$20
<b>Non-Preferred Brand</b>	DED then \$40

### Specialty Prescriptions • Copay Assist Program

Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your full specialty copay.

# HDHP – HRA

## RX DEDUCTIBLE

Individual	\$0
Family	\$0

## MEDICAL/RX OUT-OF-POCKET MAXIMUM

Individual	\$3,000
Family	\$6,000

**Non-Embedded:** Family must meet the entire deductible before co-pays apply.

## PAYMENT STRUCTURE

### Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, you will be required to pay the difference in cost between the generic and brand-name drug.

### Retail Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for acute and maintenance medications
Generic	\$10	\$30
Preferred Brand	\$20	\$60
Non-Preferred Brand	\$40	\$120

### MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for acute and maintenance medications
Generic	\$10	\$30
Preferred Brand	\$20	\$60
Non-Preferred Brand	\$40	\$120

### MedOne Specialty Pharmacy

	1-30 DAY SUPPLY
Generic	\$10
Preferred Brand	\$20
Non-Preferred Brand	\$40

### Specialty Prescriptions • Copay Assist Program

30% coinsurance per drug per 30-day fill. Manufacturer assistance program covers most if not all of the coinsurance amount. Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturer's copay assistance.

# HDHP - HSA - CORE

## MEDICAL/RX DEDUCTIBLE

<b>Individual</b>	\$2,000
<b>Family</b>	\$4,000

## MEDICAL/RX OUT-OF-POCKET MAXIMUM

<b>Individual</b>	\$3,275
<b>Family</b>	\$6,550

**Non-Embedded:** Family must meet the entire deductible before co-pays apply.

## PAYMENT STRUCTURE

### Retail Pharmacy

	<b>1-30 DAY SUPPLY</b>	<b>31-90 DAY SUPPLY</b>
	Filling for acute and maintenance medications	Filling for acute and maintenance medications
<b>Generic</b>	DED then \$10	DED then \$30
<b>Preferred Brand</b>	DED then \$20	DED then \$60
<b>Non-Preferred Brand</b>	DED then \$40	DED then \$120

### MedOne Mail Order Pharmacy

	<b>1-30 DAY SUPPLY</b>	<b>31-90 DAY SUPPLY</b>
	Filling for acute and maintenance medications	Filling for acute and maintenance medications
<b>Generic</b>	DED then \$10	DED then \$30
<b>Preferred Brand</b>	DED then \$20	DED then \$60
<b>Non-Preferred Brand</b>	DED then \$40	DED then \$120

### MedOne Specialty Pharmacy

	<b>1-30 DAY SUPPLY</b>
<b>Generic</b>	DED then \$10
<b>Preferred Brand</b>	DED then \$20
<b>Non-Preferred Brand</b>	DED then \$40

### Specialty Prescriptions • Copay Assist Program

Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your full specialty copay.

# HDHP - HSA - BASE

## MEDICAL/RX DEDUCTIBLE

<b>Individual</b>	\$2,500
<b>Family</b>	\$5,000

## MEDICAL/RX OUT-OF-POCKET MAXIMUM

<b>Individual</b>	\$3,700
<b>Family</b>	\$7,400

**Non-Embedded:** Family must meet the entire deductible before co-pays apply.

## PAYMENT STRUCTURE

### Retail Pharmacy

	1-30 DAY SUPPLY	31-90 DAY SUPPLY
	Filling for acute and maintenance medications	Filling for acute and maintenance medications
<b>Generic</b>	DED then \$10	DED then \$30
<b>Preferred Brand</b>	DED then \$20	DED then \$60
<b>Non-Preferred Brand</b>	DED then \$40	DED then \$120

### MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY	31-90 DAY SUPPLY
	Filling for acute and maintenance medications	Filling for acute and maintenance medications
<b>Generic</b>	DED then \$10	DED then \$30
<b>Preferred Brand</b>	DED then \$20	DED then \$60
<b>Non-Preferred Brand</b>	DED then \$40	DED then \$120

### MedOne Specialty Pharmacy

	1-30 DAY SUPPLY
<b>Generic</b>	DED then \$10
<b>Preferred Brand</b>	DED then \$20
<b>Non-Preferred Brand</b>	DED then \$40

### Specialty Prescriptions • Copay Assist Program

Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your full specialty copay.

# ADDITIONAL PLAN INFORMATION

## PremierOne Pharmacy Network

The plan includes all network pharmacies locally and nationwide. Register for the MedOne Member Portal at [www.medone-rx.com](http://www.medone-rx.com) to search for an in-network pharmacy or call MedOne at **1-866-335-9057** for assistance.

## Member ID Card

Members will receive a combined medical/prescription benefit ID card from the medical administrator. This ID card contains important information the pharmacy needs to process your prescriptions.

## ACA Covered Prescriptions • \$0 Copay

Non-grandfathered plans may be required to cover certain preventive medications at a \$0 cost share as required under the Affordable Care Act (ACA). Examples include bowel preps, breast cancer prevention, contraceptives, smoking cessation, select vaccines, statins for primary prevention of CVD, HIV preventives, vitamins, and other supplements. Age, quantity limits, and/or prior authorization may be required.

## MEMBER RESOURCES

### Talk to a Pharmacist

Schedule a call to talk with a pharmacist at [www.medone-rx.com/members#contact-us](http://www.medone-rx.com/members#contact-us).

### MedOne Drug Look-Up Tool

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives. Go to [medone-rx.com/members/drug-lookup](http://medone-rx.com/members/drug-lookup) to access this tool and enter in **MERT2CATIC** when prompted. If you or your physician have questions about a medication or available alternatives, please call MedOne at **1-866-335-9057**.

## LIMITATIONS

### Drug Limitations

This list highlights common medications and their limitations and is not all-inclusive.

- Brand Proton Pump Inhibitors for ulcers /GERD limited to 1 capsule or tablet per day
- Cholesterol medications limited to 1 dose per day
- Migraine medications limited to 6 injections, 8-12 nasal spray doses, or 6- 12 tablets (depending on package size) per 30 days
- Opioids limited to 200 MME per day
- Sleep agents limited to 1 dose per day
- Vaccines e.g., Influenza

### Refill-Too-Soon Limitation

A prescription may not be refilled until at least 75% of a 30-day supply (or 75% of a 90-day supply) has been utilized. For example, 23 days of a 30-day supply must be utilized before the pharmacy is able to process another fill.

## Drugs Requiring Prior Authorization

The following drug categories are subject to prior authorization. Your physician's office may obtain a prior authorization form by calling MedOne at **1-866-335-9057**. *This list is subject to change.*

- Standard drugs more than \$2,000 for 0-83 day supply claims and \$4,000 for 84+ day supply claims.
- Compounded drugs more than \$100
- Brand Name ADHD / narcolepsy drugs
- Androgens
- Breast cancer chemo-prevention drugs
- Growth hormones
- HIV Preventatives
- Inhalation / nasal smoking cessation products
- Smoking cessation drugs (for treatment more than 6 months)
- Specialty medications for plaque psoriasis & atopic dermatitis

## Excluded Drugs / Categories

This list highlights common plan exclusions but is not all-inclusive.

- Gene therapy
- Infertility medications
- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplements
- Ostomy supplies
- Over-the-counter (OTC) drugs (except those listed as covered)
- Products for cosmetic indications e.g., anti-wrinkle agents, Botox, and hair growth stimulants
- Sexual dysfunction drugs
- Specialty medications for alopecia
- Weight loss medications

## CLINICAL CARE

### Step Therapy Program

This program ensures that the most appropriate and cost-effective medications are prescribed ahead of the plan approving brand medications. For the most current step therapy program information, register at [www.medone-rx.com](http://www.medone-rx.com).