

County of Allegheny Rx- Union
Group numbers: 109315-00, -06, -70, -80

Prescription Drugs	
Plan Year (1)	Calendar Year
Prescription Drug Deductible	
Individual	none
Family	none
Total Maximum Out of Pocket (Includes any medical and prescription drug deductibles, coinsurance, and copays, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.	
Individual only	\$7,150
Family	\$14,300
Prescription Drug Program (3)	
SensibleRx Choice	Retail Drugs (30- Day Supply)
Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.	\$10 Formulary generic copay
	\$10 Non-Formulary generic copay
	\$25 Formulary brand copay
	\$50 Non-Formulary brand copay
Your plan uses the National Select Formulary Formulary with an Incentive Benefit Design	
Select Specialty Drugs are limited to 30-day Supply	Maintenance Drugs through Mail Order (90-day Supply)
	\$20 Formulary generic copay
	\$20 Non-Formulary generic copay
	\$50 Formulary brand copay
	\$100 Non-Formulary brand copay

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

(1) Your group's benefit period is based on a Calendar Year

(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include prescription drug cost share

(3) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under SensibleRx Choice, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand-drug copayment plus the difference in cost between the brand and generic drugs, unless your doctor requests that the brand drug be dispensed. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details. Your plan offers the Free Market Health program for select specialty medications. You will be contacted by one of the specialty network pharmacies who will provide quality service, care, and coordination of your specialty prescription fill and delivery. No enrollment necessary.