



Maritz
HEALTHY YOU!

Maritz Prescription Coverage

Express Scripts

January 1, 2024



Maritz Prescription Coverage

Administered by Express Scripts

- Prescription coverage automatically included with medical plan election
 - To view coverage and cost information for the next calendar year (even if not currently enrolled), go to www.express-scripts.com/maritz
 - Estimated costs shown will assume annual deductible has not yet been satisfied
 - To see costs for this calendar year (if currently enrolled), or to determine if your medications are subject to mail order requirements, step therapy rules, or require prior authorization:
 - Go to www.express-scripts.com, log in, and select the **Manage Prescriptions**, then **Price a Medication** link.



Maritz Prescription Drug Coverage

- **Formulary Changes for next year**
 - New medications added and removed each year, or changed from one tier to another
 - To see if coverage for your medications has changed, go to www.Maritzbenefits.com, hover over Health and select Prescriptions
 - Click on link for the National Preferred Drug Formulary
 - Keep in mind that drugs are added and removed from the formulary frequently throughout the year. This list is current as of the date it was created.



Maritz Prescription Coverage

Programs included with your prescription coverage

- **Livongo Hypertension Program – no cost to members**
 - Available for those enrolled in the Maritz medical plan with Hypertension (high blood pressure) diagnosis
 - Free cellular connected blood pressure monitor provided
 - Mobile app that gives personalized feedback
 - One-on-one coaching.
 - Monitor automatically sends your readings to the app.
 - To register and opt into the program if you are enrolled in the medical plan, go to **ready.livongo.com/MARITZ/hi** and enter **Maritz** as the client code, or call the Member Support Call Center at (800) 945-4355 for information.



Maritz Prescription Coverage

Livongo for Diabetes

- For those enrolled in the Maritz medical plan who have been diagnosed with Diabetes
- You are eligible to opt-in to this program **at no cost to you**. Once enrolled, you receive the following:
 - **Free** Livongo cloud connected smart glucose meter
 - Remote monitoring with real-time (within 3 minutes) outreach driven by dangerous readings via phone, text and email
 - Coaching by Livongo Certified Diabetes Educators and Express Scripts Diabetes Specialty Pharmacists
 - **Free** unlimited Livongo InTouch[®] strips and lancets
 - Mango Health app to help you stay engaged and earn rewards
 - To register and opt into the program go to join.livongo.com/MARITZ/hi and enter **Maritz** as the client code or call the Member Support Call Center at (800) 945-4355 for information.



Maritz Prescription Coverage

- **SaveonSP Program**
 - Helps members save money on certain specialty medications
 - Approximately 150 select specialty medications will be free of charge
 - Prescriptions filled through Accredo
 - If you are currently taking or will be taking one of these medications, you are eligible to participate in this program
 - Enrollment in the program is voluntary
 - If you choose not to participate, you will be responsible for a significantly higher cost, which will not be applied to your deductible or out-of-pocket maximums



Maritz Prescription Coverage

SaveOnSP (Continued)

- Express Scripts will send a letter to all members who are currently receiving any prescriptions from Accredo that are included in the SaveonSP program, with information about the program and steps to enroll
- To see if your specialty medications through Accredo are part of this program, go to www.MaritzBenefits.com
 - Hover over the Health tab, and select Prescriptions.
 - Click on the link for the SaveOnSP Medications



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- **Deductible waived for certain preventive drugs for these conditions (Referred to as Preventive Plus):**
 - These Anti-depressants: CELEXA (citalopram), fluvoxamine, LEXAPRO (escitalopram), PAXIL (paroxetine), PAXIL CR (paroxetine ER), PEXEVA, PROZAC (fluoxetine), PROZAC WEEKLY (fluoxetine), SARAFEM (fluoxetine), ZOLOFT (sertraline)
 - Asthma
 - Bone Disease and Fractures
 - Diabetes
 - Insulin and Non-Insulin Medicines
 - Diabetic Supplies Including Test Strips, Syringes, Needles, and Lancets
 - Heart Disease and Stroke
 - Blood Thinner Medicines, Cholesterol Lowering Medicines, High Blood Pressure
 - Respiratory Syncytial Virus
 - Obesity



Maritz Prescription Coverage

ACA Required Preventive Drugs

The Affordable Care Act (ACA) requires certain medications to be classified as Preventive Drugs and covered by the plan at 100% with no cost to the member

ACA Required Preventive Drugs

| | | |
|-----------------------|--|--|
| Aspirin | Folic Acid and Vitamin D | Low-to-moderate doses of <u>generic</u> cholesterol lowering statin drugs (brand name or high-dose will be subject to coinsurance; however, deductible will be waived) |
| Contraceptives | Prenatal vitamins | Brand name breast cancer preventive drugs Tamoxifen, Raloxifene, and Soltamox; generic anastrozole and exemestane |
| Bowel preps | Smoking cessation products | HIV Pre-Exposure prophylaxis anti-retroviral therapy for those who meet high-risk criteria |
| Certain Immunizations | HPV (age 9 – 45) – coverage is through Cigna – not Express Scripts | |



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| Drug Class | Retail 30-day supply | Home Delivery Mail Order 90-day supply |
|----------------------------|-------------------------|--|
| Generic | 20% after deductible* | 20% after deductible* |
| Min Copay | \$10 | \$25 |
| Max Copay | \$30 | \$75 |
| Preferred Brand | 30% after deductible* | 30% after deductible* |
| Min Copay | \$25 | \$60 |
| Max Copay | \$75 | \$180 |
| Non-Preferred Brand | 40% after deductible* | 40% after deductible* |
| Min Copay | \$50 | \$125 |
| Max Copay | \$150 | \$375 |

Certain preferred-brand glucose-lowering medications capped at \$25 per 31-day supply or \$75 per 90-day supply under the Patient Assurance Program



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If your medication is on the Preventive Plus list, in addition to waiving your deductible, you will pay the applicable coinsurance percentage listed on the prior slide for your medication, subject to the minimums and maximums.

If your medication is not on the Preventive Plus list, you will continue to pay 100% of the cost of your medication until your annual deductible is satisfied. However, once the deductible is satisfied, your cost will be 20% (generic), 30% (preferred brands), or 40% (non-preferred brands), subject to the minimum and maximums.

If you have prescriptions filled through Accredo (Express Scripts' Specialty drug pharmacy), you'll need to satisfy your annual deductible before the plan will pay any portion of these medications, unless your medication is on the SaveonSP Drug List as we discussed earlier

If you don't qualify for any Copay Assistance programs, and are struggling to pay for a full 90-day supply of home delivery medications, contact Accredo or Express Scripts to see if you can pay for your 90-day supply of medication in three monthly payments.



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Mail Order Requirement

- Must use mail order for most maintenance medications
- First three fills allowed at the local pharmacy
- On the fourth fill at the local pharmacy, the drug is denied, and you are charged full price.
 - The cost you pay will not be applied to your deductible.

Step Therapy and Prior Authorization Rules

- Step therapy rules require your doctor to prescribe a different covered medication for you or to confirm you have already tried that medication before certain drugs are covered.
- Prior authorization rules require your doctor to request approval from Express Scripts for certain medications by providing specific answers about your medical diagnosis and other required information.



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Injectable Drugs Received in Your Doctor's Office

- Certain injectable medications ordered by your doctor to be administered in their office must be ordered through Express Scripts (or Accredo for specialty medications) instead of Cigna. Contact Express Scripts or Cigna to ask if this is a medication that needs to be filled through Express Scripts.
- If your doctor has already requested the medication through Cigna and you receive a denial stating the medication is not covered, contact Express Scripts to ask if the medication is covered if ordered through them instead.

Gene Therapy Drugs

- Must be received and processed through Cigna instead of Express Scripts to be covered under the plan.

Copay/Coinsurance Assistance Received from Drug Manufacturers

- The value of manufacturer coupons does not count toward your deductible and out-of-pocket maximum.
- Only the amount you pay out of your own pocket, or from your HSA, will apply.



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Still have questions? Call Express Scripts at 800.953.3379 or the Maritz Benefits Department at Benefits@Maritz.com or 636.827.4088.

