

# Pharmacy Benefit Changes for 2019

## Why is Advocate changing to a coinsurance model for prescriptions?

- ❖ If you are currently taking a **generic prescription**, there is no change for you in 2019. Generic prescriptions will continue to be covered as a \$15 copay (or actual cost, whichever is less) for a 30-day supply.
- ❖ By sharing in the cost of brand-name or specialty drugs, it allows Advocate to help manage the rising costs of these drugs and control the overall cost for the medical plans. This change also ensures that Advocate aligns with other hospital best practices.

## What's the difference between a copayment and coinsurance?

Both are forms of cost sharing, meaning that you pay part of the cost of your prescription and Advocate pays part of the cost of your prescription.

### How a Copay Works

A copayment is a set amount you pay each time you fill a prescription for a **generic drug**. For example, in 2019 team members enrolled in an Advocate medical plan will continue to pay a \$15 copay (or actual cost, whichever is less) for a 30-day supply of generic maintenance drugs.

#### *Did you know?*

**FDA-approved generic** equivalents have the same active ingredients as brand-name drugs. The FDA expects these generics to work the same way as the original brand drugs because they are generally available in the same dosage strengths and dosage forms. They must also meet FDA standards for quality and purity. You usually save the most with generics.

### How Coinsurance Works

With coinsurance, you pay a percentage of the cost to fill a prescription for a **preferred brand and non-preferred brand drug**; there is a minimum and a maximum amount you will pay. For example, in 2019 team members enrolled in an Advocate medical plan will pay 25% for a 30-day supply of a preferred brand prescription (capped at \$60/month for preferred and \$150/month for specialty). Team members will pay 40% for a 30-day supply of a non-preferred brand prescription (capped at \$100 for preferred and \$250 for specialty).

#### *Did you know?*

**Preferred brand drugs** are brand-name drugs that **are** listed on Advocate's Prescription Drug Plan's formulary (list of preferred prescription drugs). These medications are preferred because they are safe, effective alternatives to other brands that may be more expensive.

**Non-preferred drugs** are brand-name drugs that **are not** included in Advocate's Prescription Drug Plan's formulary (list of preferred prescription drugs). Non-preferred brand-name drugs have higher coinsurance than preferred brand-name drugs. You pay more if you use non-preferred drugs than if you opt for generics and preferred brand-name drugs.

2019 Advocate Prescription Drug Coverage			
Description	Maintenance Prescriptions		Specialty Prescriptions
	30 Day Supply	90 Day Supply*	30 Day Supply
<b>Generic</b>	<b>\$15 copay</b> or actual drug cost, whichever is less	<b>\$37.50 copay</b> or actual drug cost, whichever is less	<b>\$65 copay</b> or actual drug cost, whichever is less
<b>Preferred Brand</b>	<b>25% coinsurance</b> \$30 minimum/\$60 maximum	<b>25% coinsurance</b> \$75 minimum/\$150 maximum	<b>25% coinsurance</b> \$75 minimum/\$150 maximum
<b>Non-Preferred Brand</b>	<b>40% coinsurance</b> \$60 minimum/\$100 maximum	<b>40% coinsurance</b> \$150 minimum/\$250 maximum	<b>40% coinsurance</b> \$150 minimum/\$250 maximum

\*90 day at retail available at Walgreens locations or through Express Scripts mail order.

Note: If the percentage of the covered charge falls between the minimum/maximum copayment, you will pay the percentage amount.

### **Will I need to get a new script from my Physician for January 1, 2019?**

No, if you have refills left on your current script through Optum RX on December 31, 2018 – you will not need a new script to fill those remaining refills. That information will automatically transfer over to Express Scripts.

If you receive a new script or have to re-new your script – after January 1, 2019 – you will be required to submit a new script from your provider to Express Scripts.

### **Will participants in the EPO or PPO plan have to meet their deductible before the coinsurance kicks in?**

No, regardless of which medical plan you are in, you will immediately be eligible to receive your prescriptions using the new coinsurance percentages in the chart above. Team members in the EPO or PPO will not need to satisfy their deductibles before receiving the coinsurance amounts above.