



## Prescription Drug Benefits For PPO Plan Members

If you are enrolled in the RF Preferred Provider Organization (PPO) health care plan, your prescription drug benefit is provided by Express Scripts. This benefit is designed to cover most medications that require a physician's written prescription, and it gives you the option of filling your prescriptions at a retail pharmacy or by using a convenient mail-order service.

---

### **Online Services**

[www.express-scripts.com](http://www.express-scripts.com)

### **Member Services**

800-711-0917 (toll-free)

24 hours a day, 7 days a week

# Two Ways to Fill Your Prescriptions

When you need to fill a prescription, visit a participating retail pharmacy for the best prices. If you need a supply of 90 days or more, try the mail-order service for even deeper discounts and convenient home delivery.

## Retail Pharmacies

You may want to use a participating retail pharmacy for short-term prescriptions (such as antibiotics to treat infections). Simply show your prescription drug identification card to the pharmacist and pay your retail copayment for each prescription.

To find a participating retail pharmacy near you, login to your account at [www.express-scripts.com](http://www.express-scripts.com) and click "Locate a pharmacy" under "Prescriptions and Benefits," or ask at your local retail pharmacy whether it is an Express Scripts participating pharmacy.

If you use a nonparticipating retail pharmacy, you must pay the full cost of the prescription, and then submit a reimbursement claim to Express Scripts. You will be reimbursed the amount the drug would have cost at a participating retail pharmacy minus your retail copayment.

## Mail-Order Service

The medications you take on a long-term basis can be conveniently delivered to your home or office through Express Scripts mail-order service. It provides:

- A 90-day supply of covered medications for just one mail-order copayment
- Access to registered pharmacists 24 hours a day, 7 days a week
- Convenient refill ordering online, by mail, or by phone — anytime day or night
- Flexible payment options — check, money order, credit card, or the automatic payment program
- Free standard shipping

### **Have a 14-day Supply On Hand Before Ordering by Mail!**

If you are currently taking a medication, have at least a 14-day supply on hand before ordering refills through the mail-order service. If you don't have enough, ask your doctor to give you a second prescription for a 14-day supply and fill it at a participating retail pharmacy while your mail-order prescription is being processed.

### *How to Start Saving With Mail-Order Service*

1. Ask your doctor to write a prescription for up to a 90-day supply of your medication (plus refills for up to one year, if appropriate).
2. Order your prescription online, by mail, or by phone.
3. Select a payment option.

Refills are usually delivered within 8–10 days after Express Scripts receives your order.

### **For Active Employees Enrolled in the Health Care FSA**

If you're enrolled in the RF Health Care Flexible Spending Account (FSA), you can use your debit card from CONEXIS to pay for your eligible prescriptions.

For prescription purchases in the amount of a standard copay (up to a standard copay times five), you will not need to provide CONEXIS with documentation of the expense.

If you have an expense that requires documentation, CONEXIS will let you know.

### Choosing Brand-Name Drugs Over Generics

If you purchase a brand-name medication when a generic medication is available, you will pay the appropriate copayment plus the difference in cost between the brand-name medication and the generic medication.

## Your Copayment *Benefits and copayments are subject to change.*

	MAIL-ORDER SERVICE (UP TO 90-DAY SUPPLY)	RETAIL PHARMACY (UP TO 30-DAY SUPPLY)
Generic Drugs	\$10	\$10
Preferred Brand-Name Drugs	\$50*	\$25*
Nonpreferred Brand-Name Drugs	\$90*	\$45*
Infertility Medications	You pay 50% coinsurance	

## Out-of-Pocket Maximum

In accordance with the federal Affordable Care Act, your copayments under this plan are limited to \$1,320 for an individual and \$2,640 for a family on a calendar-year basis.

### Specialty Medications

Some conditions, such as anemia, hepatitis C, multiple sclerosis, asthma, growth hormone deficiency, and rheumatoid arthritis are treated with specialty medications. If you use specialty medications, you'll appreciate the Specialty Pharmacy extras, because it provides:

- Up to a 90-day supply of your specialty medication for just one copayment
- Access to nurses who are trained in specialty medications
- Answers to your questions about specialty medications from a pharmacist 24 hours a day, 7 days a week
- Coordination of home care and other health care services

For more information, call the Member Services at 800-711-0917.

## Member Services

WWW.EXPRESS-SCRIPTS.COM	800-711-0917 (TOLL-FREE)
<ul style="list-style-type: none"> <li>• Compare brand-name and generic drug prices</li> <li>• Obtain order forms, claim forms, and envelopes</li> <li>• Submit mail-order prescriptions and refills</li> <li>• Check the status of mail orders</li> <li>• Check and pay mail-order account balances</li> </ul> <p>Visit <a href="http://www.rfsuny.org/benefits">www.rfsuny.org/benefits</a> for additional information and forms. Click on "Regular Employees," then on "Prescription Drugs."</p>	<ul style="list-style-type: none"> <li>• Available 24 hours a day, 7 days a week</li> <li>• Get help finding participating retail pharmacies</li> <li>• Obtain order forms, claim forms and envelopes</li> <li>• Get information about your prescriptions and coverage</li> </ul> <p>Member Services for hearing-impaired members (TTY): 800-759-1089</p> <p>To fax prescriptions, ask your doctor to call 888-327-9791 for instructions.</p> <p>To order mail-order prescription labels printed in Braille, call 800-711-0917.</p>

# Prescription Drug Plan Facts

## **This Prescription Drug Benefit Handbook**

is intended to provide general information about Research Foundation (RF) benefits and is not intended to serve as an official plan document or Summary Plan Description. If there is a conflict between this summary and any official plan document, the plan documents will prevail.

## Preferred medications can save you money

Preferred medications are brand-name drugs that have been on the market for a time and are widely accepted. Express Scripts has arranged a significant discount on preferred drugs, so your copayment for these drugs is lower than for nonpreferred drugs. For a list of generic and preferred brand-name drugs, or excluded drugs, log on to [www.express-scripts.com](http://www.express-scripts.com) or call 800-711-0917 (toll-free).

## Express Scripts protects your safety

The risks associated with drug-to-drug interactions and drug allergies can be very serious. To protect your safety, Express Scripts checks for potential interactions and allergies. Express Scripts also sends information electronically to participating retail pharmacies.

## Express Scripts may contact your doctor about your prescription

If you are prescribed a nonpreferred drug when an alternative preferred drug exists, Express Scripts may contact your doctor to ask whether that drug would be appropriate for you. Your doctor will always make the final decision on all your medications. If your doctor agrees to use a preferred drug, you will never pay more and will usually pay less.

## Express Scripts protects your privacy

Because your privacy is important, Express Scripts fully complies with federal privacy regulations. Express Scripts uses health and prescription information about you and your dependents to administer your plan and to fill your mail-order prescriptions.

## Your plan may have coverage limits

Your plan may have certain coverage limits. For example, prescription drugs used for cosmetic purposes may not be covered, or a medication might be limited to a certain amount (such as the number of pills or total dosage) within a specific time period. There are also some excluded medications.

If you submit a prescription for a drug that has coverage limits, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will give you or your doctor a toll-free number to call. If you use the mail-order services, your doctor will be contacted directly.

When a coverage limit is triggered, more information will be needed to determine whether your use of the medication meets your plan's coverage conditions. We will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time for which coverage is valid. If coverage is denied, an explanation will be provided, along with instructions on how to submit an appeal.

## Controlled substances

Federal law prohibits the return of dispensed controlled substances.

---

### **The Research Foundation for The State University of New York**

Post Office Box 9

Albany, NY 12201-0009

Corporate office for benefits administration: 518-434-7080

January 2015