



Decker Truck Line

Prescription Drug Benefit

Member Brochure

Effective Date: January 1, 2022





HMO PLAN

RX ONLY DEDUCTIBLE

| | |
|------------|-------|
| Individual | \$200 |
| Family | \$400 |

MEDICAL/RX OUT-OF-POCKET MAXIMUM

| | |
|------------|----------|
| Individual | \$6,350 |
| Family | \$11,000 |

Embedded: This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at a \$0 copay for the remainder of the benefit year ending December 31st

PAYMENT STRUCTURE

RETAIL PHARMACIES

| | 1-30 DAY SUPPLY Filling for acute and maintenance medications | 31-60 DAY SUPPLY Filling for maintenance medications only | 61-90 DAY SUPPLY Filling for maintenance medications only |
|-----------------------------|--|--|--|
| Generic: | \$15 | \$30 | \$45 |
| Preferred Brand: | \$55 | \$110 | \$165 |
| Non-Preferred Brand: | \$70 | \$140 | \$210 |

MEDONE MAIL-ORDER PHARMACY

| | 1-30 DAY SUPPLY Filling for acute and maintenance medications | 31-60 DAY SUPPLY Filling for maintenance medications only | 61-90 DAY SUPPLY Filling for maintenance medications only |
|-----------------------------|--|--|--|
| Generic: | \$15 | \$30 | \$45 |
| Preferred Brand: | \$55 | \$110 | \$165 |
| Non-Preferred Brand: | \$70 | \$140 | \$210 |

SPECIALTY PRESCRIPTIONS

Through the NaviCareRx program members can reach a Patient Care Coordinator at 877-371-3351 for assistance with acquiring specialty medications, however specialty medications are excluded from prescription coverage.



PPO PLAN

RX ONLY DEDUCTIBLE

| | |
|------------|-------|
| Individual | \$200 |
| Family | \$400 |

MEDICAL/RX OUT-OF-POCKET MAXIMUM

| | |
|------------|----------|
| Individual | \$6,850 |
| Family | \$13,700 |

Embedded: This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at a \$0 copay for the remainder of the benefit year ending December 31st

PAYMENT STRUCTURE

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ADDITIONAL PLAN INFORMATION

MEMBER ID CARD

Members will receive a Prescription Benefit ID card from MedOne. This ID card contains important information the pharmacy needs in order to process prescriptions.

PremierONE PHARMACY NETWORK

The plan includes a network of pharmacies locally and nationwide. Register at www.MedOne-rx.com to search for an in-network pharmacy or call MedOne at **1-888-884-6331** for assistance.

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 to access this tool and enter in **WLLMKDKRTL** when prompted. If you or your physician has questions about a medication or available alternatives, please call MedOne at **1-888-884-6331**

MEDONE MAIL-ORDER

For assistance in setting up a mail-order account, register at www.MedOne-rx.com or call MedOne at **1-888-884-6331** for assistance. Please allow 14 business days from the time the mail-order request is submitted until the prescription is delivered.

DISPENSE AS WRITTEN PENALTY

If a member or prescriber requests a brand drug when a generic drug is available, the member is responsible for the applicable cost shares plus the difference in cost between the generic and brand drug.

REFILL-TOO-SOON LIMITATION

A prescription may not be refilled until at least 75% of a 30-day supply (or 60% 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.

STEP THERAPY PROGRAM

This program ensures that members receive the most cost-effective medications prior to the plan approving brand medications. For the most current step therapy program information, register at www.MedOne-rx.com.

INFUSION CARE PATH SERVICES

MedOne offers the opportunities to fill infusion-based medications in an at home setting. Services are available at a reduced cost share. Plan deductibles may apply.

ACA COVERED PRESCRIPTIONS-\$0 COPAY

- Bowel Preparation limited to 1 per year
- Breast Cancer Chemo Prevention; prior authorization may be required
- Contraceptives up to a 91-day supply (depending on packaging)
- Smoking Cessation (Prescription and over-the-counter products with a prescription; prior authorization required)
- Vaccinations - Influenza, Herpes Zoster Shingles (age 60+), HPV, Pneumococcal, and COVID-19
- Statins for primary preventing of CVD - select low to moderate dose statins included for high-risk patients between ages 40 – 75
- HIV Preventatives; prior authorization required
- Vitamins & Minerals: Fluoride (age 6mo-5yr), Folic Acid, Iron Supplements, Vitamin D2, D3 Calcium (age ≥65)



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 subject to state and federal guidelines

EXCLUDED DRUGS / CATEGORIES

This list highlights common plan exclusions and 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
- Weight Loss medications

DRUGS REQUIRING PRIOR AUTHORIZATION

This list is subject to change. The physician's office may obtain a prior authorization form by calling MedOne at 1-888-884-6331.

- Standard drugs more than \$1,000
- Compounded drugs more than \$100
- ADHD / narcolepsy drugs
- Androgens
- Breast cancer chemo-prevention drugs
- Growth Hormones
- Inhalation / nasal smoking cessation products
- Oral Isotretinoin/Accutane products
- Smoking cessation drugs (for treatment more than 6 months)

IMPORTANT INFORMATION

MEDONE MEMBER PORTAL

HOW TO REGISTER

1. Go to medone-rx.com
2. At the top of the screen click “member portal”
3. At the bottom of the page, click Register Here to Access your Account
4. Enter the information requested (group number and member ID can be found on your pharmacy ID card) then click Register
5. You will then be prompted to open the confirmation email and follow the link provide
6. Enter your log-in credentials and proceed to your account



MEDONE MEMBER SERVICES

Call **1-888-884-6331** for the following:

- Questions regarding the prescription drug benefits
- Locate a network pharmacy

SET UP A MAIL-ORDER ACCOUNT

MEDONE PHARMACY SERVICES (MAIL ORDER)

Call **1-877-896-0919**

- Check the status of a mail-order delivery
- Order refills of a mail-order prescription