


2018 Prescription Plans

|  EXPRESS SCRIPTS® | Traditional Plan | Consumer Driven Plan |
|--|--|---|
| Initial Coverage Stage (\$0 - \$3,750) | \$3,750 | \$3,750 |
| Deductible: | \$0 | \$405 |
| Generic: 30 Day Supply 90 Day Supply Mail Order 90 Day | \$7 \$21 \$10 | 25% |
| Brand Preferred: 30 Day Supply 90 Day Supply Mail Order 90 Day | \$25 \$75 \$35 | 25% |
| Brand Non-Preferred: 30 Day Supply 90 Day Supply Mail Order 90 Day | \$25 \$75 \$35 | 25% |
| Specialty: 30 Day Supply 90 Day Supply Mail Order 90 Day | 10% 10% 10% | 25% |
| Coverage Gap Stage (\$3,750 – \$5,000) | Member cost share for all drugs is the same as Initial Coverage stage | Member cost share for generic drugs is 44%, brand preferred/non-preferred is 35%, and specialty remains at 25%. |
| Non Part D Drugs | Covered | Not Covered |
| TrOOP Threshold Catastrophic Coverage Stage (>\$5,000) | \$5,000 Greater of 5% OR \$3.35 per Generic and \$8.35 co-pay all other drugs | \$5,000 Greater of 5% OR \$3.35 per Generic and \$8.35 co-pay all other drugs |

Available beginning October 15, 2017, Express Scripts Dedicated
Customer Service for SCHOOLCARE: (866) 838-3932