



## Your 2021 Prescription Benefits

### Are there deductibles for prescription benefits?

The **MissionCare Plan (MCP)** doesn't have a deductible when using Mission Network Pharmacies. There is a deductible when using Optum Network Pharmacies.

The health plan deductible must be met in the **Health Savings Plan (HSP)** before non-preventive prescriptions are covered under the plan.

### What is a Copay?

A copay is your share of the cost of a prescription. The remaining cost is paid by the Mission Health Plan.

### What are the Copays for the MissionCare Health Plan?

	MissionCare Plan (MCP)
Annual Deductible @ Mission Network-Level Pharmacies*	\$0 Individual \$0 Family
Annual Deductible @ Other OptumRx Network Pharmacies	\$200 Individual \$400 Family
Copays @ Mission Network-Level Pharmacies* for up to 30 day fill	\$0 Generic \$40 Brand Preferred Brand Non-Preferred:\$500 individual & \$1,000 family deductible then 50% coinsurance with a min \$100 and max of \$200 (Deductible waived for approved medical exceptions.)
Copays @ Other OptumRx Network Pharmacies for up to 30 day fill	\$0 Generic \$60 Brand Preferred Brand Non-Preferred:\$500 individual & \$1,000 family deductible then 50% coinsurance with a min \$100 and max of \$300 (Deductible waived for approved medical exceptions.)
Insulin, Hypoglycemics, Non-Insulin Injectables and supplies	\$25 Mission Pharmacies \$60 Mission Mailorder  \$25 after deductible Optum Pharmacies
3-Month Supply <b>(90-day supply required for all maintenance medications and may only be filled at Mission Employee Mailorder Pharmacy)</b> -Full list available at <a href="http://www.missionandme.com">www.missionandme.com</a>	\$0 Generic \$80 Brand Preferred Brand Non-Preferred:\$500 individual & \$1,000 family deductible then 50% coinsurance with a min \$200 and max of \$400
Brand chosen when Generic is available @ Mission Network-Level Pharmacies* for up to 30-day fill	\$40 Preferred Brand copay or 50% Non-Preferred Brand coinsurance, plus the difference in total cost between the Brand and Generic
Brand chosen when Generic is available @ Other OptumRx Network Pharmacies for up to 30-day fill	\$60 Preferred Brand copay or 50% Non-Preferred Brand coinsurance, plus the difference in total cost between the Brand and Generic
Specialty Medications Only covered for up to a 30 day supply at Mission Network Level Pharmacies unless referred by Mission Pharmacy to another OptumRx Network Pharmacy based on drug availability.	Copay of 10% of medication cost, with a minimum of \$75 and a maximum of \$150 for a 30 day supply. *Reminder, 30 day supply maximum for these medications.

### What are the Copays on Mission's Health Savings Plan (HSP)?

The HSP does not have copays. The employee's coinsurance after the health plan deductible has been met is:

	Mission Pharmacies	OptumRx Network Pharmacies
Retail Generic**	0%	0%
Preferred Brand	30%	40%
Non-Preferred Brand	50%	50%

\*\*\$0 after deductible has been met unless preventive.

### **What are the \*Mission Network-Level Pharmacies?**

The Mission Network-Level Pharmacies include:

Gordon Family Pharmacy (Brevard), Highlands Pharmacy, Marion Pharmacy, Marion Walmart, McDowell Community Pharmacy (Nebo)\*, Mission Cancer Center Retail Pharmacy\*, Mission Community Pharmacy\*, Mission Employee Mail Order Pharmacy\*, Medical Center Pharmacy\*, Mission My Care Plus Candler Pharmacy\*, Mission Pardee Health Campus Pharmacy\*, Mission Pharmacy Blue Ridge\*, The Prescription Pad of Burnsville, U Save Pharmacy (Franklin)

\*Mission owned Pharmacies

### **What is a Formulary?**

A Formulary or Preferred Drug List (PDL) is a list of prescription medications, both generic and, that are preferred by your health plan.

The purpose of the Formulary is to direct patients to the least costly medications that are effective for treating their health condition. By choosing a preferred medication from the Formulary, patients save money by paying lower copays.

Therapeutic class is a group of medications that treat a specific health condition or that work in a certain way. (For example, antibiotics are used for the treatment of infections.) The OptumRx Formulary is sorted by Therapeutic Class to make it easy to see what choices are available to treat your condition and which ones are preferred.

### **Who chooses the medications on the Formulary?**

OptumRx National Formulary is a Preferred Drug List developed by a committee composed of pharmacists and physicians from various medical specialties.

The committee reviews new and existing medications and selects medications to be included in the Formulary based on safety and how well they work. The committee then selects the most cost-effective medications in each therapeutic class as the preferred product.

### **Does the Formulary have any restrictions?**

The OptumRx Formulary includes procedures to limit or restrict certain medications.

Prior Authorization is a process by which your doctor must obtain approval for you to obtain coverage for certain medications on the Formulary. Some medications have a higher possibility of overuse or may be prescribed outside of clinical dosing guidelines. In some cases, there are also specific dosages that should be used based on medical guidelines or have lower-priced but equally effective alternatives on the Formulary. Your doctor must contact OptumRx at 800-880-1188 to initiate the prior authorization process.

OptumRx's Prior Authorization Department is dedicated to making every effort in processing your doctor's prior authorization requests within 3 business days for non-urgent requests, and within 24 hours for urgent requests. Contact: 800-880-1188.

Step Therapy is a process which requires you to first try the most cost-effective medication to treat your health condition before using another more expensive medication for that condition. These programs were established to ensure safe, appropriate use of quality, less costly medications.

Quantity Limits are established dosage limits on certain medications. This means that only a specified, limited amount of medication will be approved each time a prescription is filled. Quantity limits are applied to ensure the medications are safely and appropriately used per their manufacturer's guidelines.

### **What is a Maintenance Medication?**

Maintenance Medications are long-term medications that are taken regularly to treat a chronic health condition such as high blood pressure, high cholesterol or diabetes. A 90-day supply is required for all maintenance medications and they **must** be filled at the Mission Employee Mailorder Pharmacy. Phone # 828-257-7057 for questions.

Acute Medications are medications that are intended to treat a short-term illness or condition, such as antibiotics to

treat infections, and these would not be considered a Maintenance Medication.

**What is a Specialty Medication?**

Specialty Medications are medications used to treat illnesses or conditions that are serious, complex, and chronic and may require specialized safety protocols, handling and delivery, or unique care requirements. Some examples of conditions that are treated with specialty medications are Rheumatoid Arthritis, Hepatitis, and Cancer. Since they are so specialized and since newer and more effective drugs are being extended to the market frequently, the underlying cost of these therapies is generally very high, and in some cases, may exceed \$100,000 per year.

**What should I do if I need a Specialty Medication?**

Specialty Medications are only covered at Mission Network-Level pharmacies unless referred by a Mission Pharmacy to another OptumRx Network Pharmacy based on drug availability. So, always check with the Mission pharmacy first.

Also, please know that all Specialty Medications (oral, or injectable, etc.) often require prior authorization. Please have your physician's office call OptumRx to request prior authorization first.