



Health Plans

Pharmacy Benefits Management

2017 Employee Prescription Drug Benefits-IU Health Morgan, Tipton, White Memorial, Paoli, Southern Indiana Physicians, and Out of State Employees

Traditional PPO Plan¹		
Drug Category	Preferred In-Network: IUH Pharmacies, Kroger, and CVS	Non-Preferred Out-of-Network: Other Retail Pharmacies
Tier 1 – Generic (preferred)	30-day: \$4 90-day: \$10	30-day: \$25 90-day: N/A
Tier 2 – Generic	30-day: \$10; 90-day: \$25	30-day: \$25; 90-day: N/A
Tier 3 – Brand (preferred); select generics	30-day: \$30; 90-day: \$75	30-day: \$50; 90-day: N/A
Tier 4 – Brand (non-preferred); generics (non-preferred)	30-day: 30% (\$50 min, \$100 max); 90-day: 30% (\$150 min, \$300 max)	30-day: 50% (\$150 min, \$300 max); 90-day: N/A
Tier 5 – Specialty; Biotech medications <i>Available at IUH Retail Pharmacy Only</i>	30-day: 25% (\$75 min, \$250 max); 90-day: N/A	30-day: N/A 90-day: N/A
Mail order	Yes; through IUH Mail order, same as above	N/A
Preventive Medications	Yes; \$0	Yes; \$0
Pharmacy Copays Toward Plan Max-out-of-Pocket (MOOP)	Yes Single \$3,750; Family \$7,500	Yes Single \$6,500; Family \$13,000

¹Prescription coverage is independent of deductible; After MOOP, member pays 0%; Embedded, meaning for families, once a member meets the single MOOP level, that one member of a family can move to the next level of the benefit.



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HRA Plan¹		
Drug Category	Preferred In-Network: IUH Pharmacies, Kroger, and CVS	Non-Preferred Out-of-Network: Other Retail Pharmacies
Tier 1 – Generic (preferred)	30-day: \$4 90-day: \$10	30-day: \$25 90-day: N/A
Tier 2 – Generic (preferred)	30-day: \$10; 90-day: \$25	30-day: \$25; 90-day: N/A
Tier 3 – Brand (preferred); select generics	30-day: \$30; 90-day: \$75	30-day: \$50; 90-day: N/A
Tier 4 – Brand (non-preferred); generics (non-preferred)	30-day: 30% (\$50 min, \$100 max); 90-day: 30% (\$150 min, \$300 max)	30-day: 50% (\$150 min, \$300 max); 90-day: N/A
Tier 5 – Specialty; Biotech medications <i>Available at IUH Retail Pharmacy Only</i>	30-day: 25% (\$75 min, \$250 max); 90-day: N/A	30-day: N/A 90-day: N/A
Mail order	Yes; through IUH Mail order, same as above	N/A
Preventive Medications	Yes; \$0	Yes; \$0
Pharmacy Copays Toward Plan Max-out-of-Pocket (MOOP)	Yes Single \$3,750; Family \$7,500	Yes Single \$6,500; Family \$13,000

¹Prescription coverage is independent of deductible; After MOOP, member pays 0%; Embedded, meaning for families, once a member meets the single MOOP level, that one member of a family can move to the next level of the benefit.



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HSA Plans: Basic and Saver ¹		
Drug Category	Preferred In-Network: IUH Pharmacies, Kroger, and CVS	Non-Preferred Out-of-Network: Other Retail Pharmacies
Tier 1 – Generic (preferred)	20% of prescription cost once deductible is met	30% of prescription cost once deductible is met
Tier 2 – Generic		
Tier 3 – Brand (preferred); select generics		
Tier 4 – Brand (non-preferred); generics (non-preferred)		
Tier 5 – Specialty; Biotech medications <i>Available at IUH Retail Pharmacy Only</i>		N/A
Mail Order	Yes; through IUH Mail Order, same coinsurance as above	N/A
Preventive Medications ²	Yes; \$0	Yes; \$0
Pharmacy Copays Toward Plan Deductible	Yes Basic: Single \$1,500; Family \$3,000 Saver: Single \$2,000; Family \$4,000	Yes Basic: Single \$2,500; Family \$5,000 Saver: Single \$3,000; Family \$6,000
Pharmacy Copays Toward Plan Max-out-of-Pocket (MOOP)	Yes Basic: Single \$3,750; Family \$7,500 Saver: Single \$4,250; Family \$8,500	Yes Basic: Single \$6,500; Family \$13,000 Saver: Single \$7,500; Family \$15,000

¹Prior to deductible, member pays 100%; After MOOP, member pays 0%; Non-embedded, meaning for families, the family deductible/MOOP level must be met before one member of a family can move to the next level of the benefit.

²Not deductible dependent.