

Archdiocese of Dubuque Priest Plan

Member Brochure

Prescription Health Plan



medone

1590 University Ave | Dubuque, IA 52001

888-884-6331 | www.medone-rx.com

Archdiocese of Dubuque Priest Prescription Drug Benefit

Effective Date: January 1, 2022

Rx Out-of-Pocket Maximums:

Individual: \$6,150

Payment Structure - 30-Day Retail

Up to a 30-day supply of acute or maintenance medication is available at any retail Network Pharmacy (**excluding** all Sam's Club, Walgreens and Walmart locations).

Generic: \$5
Preferred Brand: \$10
Non-Preferred Brand: \$20

Payment Structure - 90-Day Mail-Order / Retail

Up to a 90-day supply of maintenance medication may be filled at any retail Network Pharmacy (**excluding** all Sam's Club, Walgreens and Walmart locations) and by mail-order with MedOne Pharmacy Services.

Mail-Order Pharmacy

Generic: \$10
Preferred Brand: \$20
Non-Preferred Brand: \$40

Network Pharmacy

Generic: \$15
Preferred Brand: \$30
Non-Preferred Brand: \$60

Specialty drugs: 20% drug cost up to \$400 maximum. Limited to a 30-day supply or less per fill. Special distribution applies.

Specialty drugs included in the MedOne Copay Assist Program (Effective 1/1/2020):

30% coinsurance per drug per 30-day fill. Manufacturer assistance program covers most if not all of the coinsurance amount. Your out-of-pocket cost per 30-day supply will not exceed 20% up to a \$400 maximum. Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturers copay assistance.

Site of care services: Nursing and supply fees included at a \$0 copay.

Bowel preparation medications: \$0 co-pay. Limited to 1 per year.

Smoking cessation: Prescription and over-the-counter smoking cessation products (with an Rx) are available at a \$0 co-pay.

Statins for primary prevention of CVD: Select low- to moderate-dose statins are free for members when used for primary prevention of CVD in high risk patients between ages 40-75.

Vaccinations

The following vaccinations are available at a \$0 co-pay:

- COVID-19
- Flu
- Pneumonia
- Shingles (Zostavax—Age 60+ or Shingrix—Age 50+)
- Whooping Cough

Check with retail network pharmacies for availability.

Excluded Drugs/Categories

- Anti-obesity drugs
- Contraceptives
- Diabetic glucose meters
- Fertility drugs
- Hair growth stimulants
- Hepatitis C medications
- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplements
- Ostomy supplies
- Over-the-counter (OTC) products except those listed as covered*
- Products for cosmetic indications
- Sexual dysfunction drugs
- Specialty medications for treatment of plaque psoriasis

***Over-the-Counter (OTC) drugs:** OTC smoking cessation treatments are covered by the plan. The physician must write a prescription specifically for an OTC item.

Drugs Requiring Prior Authorization

- Compounded drugs more than \$100
- Standard drug more than \$1,000
- Specialty medications
- ADHD / narcolepsy medications
- Androgens
- Growth hormones
- Inhalation / nasal smoking cessation products
- Isotretinoin
- Smoking cessation medications (for treatment more than 6 months)

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

Drug Limitations

- 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
- Sleep agents limited to 1 dose per day

Dispense As Written Penalty

If a member requests a brand drug when a generic drug is available, the member is responsible for the applicable co-pay 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 the supply has been utilized. For example, if the member has a 30-day supply, 23 days must be utilized before the prescription could be refilled.

Benefit Plan Network

Your plan includes a network of pharmacies locally and nationwide, **excluding** all Sam's Club, Walgreens and Walmart locations. Please refer to the listing of Network Pharmacies in this brochure. You may also call MedOne at 1-888-884-6331 for assistance in locating a network pharmacy.

Mail-Order

For assistance in setting up a mail-order account, see the mail-order section in this brochure or contact MedOne at 1-888-884-6331.

MedOne + Kannact Diabetic Program

Receive a dedicated health coach, free testing supplies, and real-time alert monitoring. For any questions, please contact Kannact at 855-722-5513.