



SISC PRESCRIPTION CO-PAYMENT REFERENCE GUIDE

Express Scripts manages your prescription drug benefit at the request of SISC. Your plan gives you the option of getting your covered medications through the **Medco Pharmacy**[®] mail-order service, now a part of the Express Scripts family of pharmacies, or at a participating retail pharmacy.

The chart below provides a summary of your prescription drug benefit co-payments.

Type of medication:	When you use a participating retail pharmacy, you pay:	When you use the Medco Pharmacy mail-order service, you pay:
Generic drugs	\$3 co-payment (for up to a 30-day supply)	\$3 co-payment (for up to a 90-day supply)
Brand-name drugs	\$15 co-payment (for up to a 30-day supply)*	\$35 co-payment (for up to a 90-day supply)*
Deductible <i>(applies to brand-name medications purchased at participating retail pharmacies and through mail order)</i>	\$100 single/ \$300 family (per calendar year beginning January 1)	\$100 single/ \$300 family (per calendar year beginning January 1)
	<i>Please note: Any amount of deductible satisfied during the 4th quarter of the year will carry over to the following year.</i>	

**A generic drug will always be dispensed if one is available. If you purchase a brand-name drug when a generic alternative is available, you will pay the generic co-payment plus the difference in cost between the brand and the generic, even if your doctor writes “dispense as written” (DAW) on the prescription.*

When you visit a participating retail pharmacy and present your member ID card, you will pay the applicable cost share and receive up to a 30-day supply of the prescribed drug. For medication you take on an ongoing basis, using the **Medco Pharmacy** offers you convenience and potential cost savings. You can get more information about the **Medco Pharmacy** mail-order service by calling 1 800 633-2662.

Some drugs may require preauthorization. If the necessary preauthorization is not obtained, the drug may not be covered.

Certain items identified by your plan as preventive care are covered in full and not subject to the co-pay amounts indicated.

(over, please)

Please visit us online at Express-Scripts.com. After registering, you can access information about your benefits, as well as health and wellness resources. You may also contact Member Services toll-free at 1 800 987-5241. Express Scripts looks forward to meeting all of your prescription benefit needs.

Medications that are not covered by your drug plan

Listed below are medications and medication categories that are not covered under your SISC drug plan. The list may not reflect all non-covered drugs and may be subject to change. To confirm whether a prescription drug you need to take is covered or to check the cost of a medication, visit Express-Scripts.com and click “Price a medication.” (If you’re a first-time visitor to the site, please take a moment to register. You’ll need your member ID number and the number from a recent prescription.) You can also get coverage and pricing information by calling Member Services toll-free at 1 800 987-5241.

Please note that this list may not be all-inclusive.

- Anti-wrinkle agents (*Renova*®, *Retin-A*®, and *Avita*® for patients aged 36 and over)
- Experimental drugs
- Fertility medications (*Follistim*®, *Gonal-f*®, *Clomid*®, and *Repronex*®)
- Influenza treatments (for example, *Relenza*® and *Tamiflu*®)
- Medications labeled “Caution—limited by federal law to investigational use”
- *Over-the-counter medications (except aspirin, folic acid, fluoride and smoking cessation agents)
- Pigmenting/depigmenting agents (hydroquinone, *Eldopaque*® and *Eldoquin*®)
- Hair growth and hair removal agents (*Propecia*® and *Vaniqa*®)
- *Vitamins and minerals (except folic acid, fluoride and prescription strengths of prenatal vitamins, hematinics, *Rocaltrol*® and other oral vitamin D)
- Brand non-sedating antihistamines (for example, *Clarinet*®, *Clarinet-D*®, *Xyzal*®)

* Coverage is subject to certain plan requirements as may be required by applicable law, including but not limited to the Patient Protection and Affordable Care Act. For details on coverage, please contact Express Scripts Member Services at 1 800 987-5241. Members may also visit the website and follow the instructions above to price a medication. If there are any coverage requirements, a coverage notes window with details will appear.

(See the reverse side for your plan’s co-payment reference guide.)

