



**BENEFIT SUMMARY DESCRIPTION
HAZLETON AREA SCHOOL DISTRICT
EFFECTIVE: January 1, 2019**

Administrator Information: CVS/Caremark
PO Box 6590
Lee's Summit, MO 64064
(888) 607-4287

If you or one of your eligible dependants, incurs expenses for charges made by a pharmacy for covered prescription drugs for non-work related injury or sickness, payment for these drugs will be provided based on the following schedule:

PRESCRIPTION COPAY - PER GROUP

HSA \$2000

Rx deductible integrated with medical deductible

- Teachers and Admin: 30 day supply (\$0, \$15, \$25, \$50), 90 day supply (\$0, \$10, \$50, \$120)
- Teamsters and Support: 30 day supply (\$0, \$5, \$25, \$40), 90 day supply (\$0, \$10, \$50, \$120)
- Security and Police: 30 day supply (\$0, \$15, \$35, \$50), 90 day supply (\$0, \$30, \$70, \$150)

PPO \$250, \$500 and \$1,000 No deductible on drug

- 30 day supply (\$0, \$15, \$35, \$50)
- 90 day supply (\$0, \$30, \$70, \$150)

PPO \$5000

\$500 deductible per member on brand medications only

- 30 day supply (\$5, \$50, \$75)
- 90 day supply (\$10, \$100, \$150)

COVERED DRUG CATEGORIES

ADD & Narcolepsy Drugs

Anti-Rejection Drugs (Immunosuppressants)

Anti-Smoking Aids (Requires a prescription for both prescription and over-the-counter)

Acne Medicines (Tretinoin (Retin-A, Retin- A Micro, Avita, Ziana, Atralin), Diffrin, Tazorac) – To Age 35

Blood Glucose, Monitoring Units, Monitoring Units Disposable, Monitoring Units Continuous, Monitoring Watch

Compounds

Contraceptives Oral, Devices (i.e., IUD, Diaphragm), Implants, Transdermal (i.e., Ortho-Evra), Vaginal Ring (i.e., Nuvaring)

Extended Cycle Contraceptives Oral (Seasonale, Seasonique, Loseasonique, Quasense, Jolessa) – The minimum number of days supply per fill will be 84-days with maximum of 91-days supply. – **3 copayments apply**

Contraceptives Injectable (i.e., Depo Provera) – **3 copayments apply**

Contraceptive Emergency (i.e., Levonorgestrel, Plan B One-Step, My Way, Next Choice One Dose, Ella)

Diabetic Medicines and Supplies (Amylin Analogs (Symlin), Incretin Mimetics (Byetta, Victoza), Insulin, Insulin Needles & Syringes, Insulin Injection Devices, Inhaled Insulin Supplies, Lancets, Lancet Devices, Alcohol Swabs, Blood Testing Strips: Glucose, Urine Testing Strips: Glucose, Acetone Testing Strips, Ketone Testing Strips, Glucagon Emergency Injection Kit, Glucose (Oral))

Emergency Allergic Reaction Kits (Bee Sting Kits, Epi-pen, Epi-pen Jr, Twinject, Epinephrine Inj, Adrenaclick)

Fluoride (Topical Fluoride dental products – requiring a prescription)

Growth Hormone

Impotency Drugs – Injectable, Oral, Suppository, Kits

Injectibles & IV Injectibles (unless otherwise noted on this form)

Migraine Medicines (kit, nasal spray, tablet, injectables)

Multiple Sclerosis Meds (examples Betaseron, Avonex, Copaxone, Rebif, Novantrone)

Multiple, Pediatric, & Prenatal Vitamins (that require a prescription)

OTC Coverage Plan – PPI (Proton Pump Inhibitor)

OTC Coverage Plan – NSA (non-sedating antihistamine)

EXCLUDED DRUG CATEGORIES

Anabolic Steroids

Anorexients (Diet Aids)

Cosmetic Drugs – including hair loss drugs, anti-wrinkle creams, hair removal creams and others (requiring a prescription)

Fertility Agents – Oral & Injectable

For clarification, the following ARE COVERED, unless specified otherwise:

- All legend drugs are covered unless specified otherwise in this Drug Coverage Options section.
- DESI drugs – These drugs are determined by the FSA as lacking substantial evidence of effectiveness. The DESI drugs do not have studies to back up the drugs' uses, but since they have been used and accepted for many years without any safety problems, they continue to be used in today's market place.
- Controlled substance 5 (CV) OTC's are covered. (Examples: Robitussin AC syrup and Naldecon-CX) Federal law designates these medicines as OTC. However, depending on certain state pharmacy laws, the medicines may be considered legend prescription medicines and are, therefore, all covered.
- Single entity vitamins – These vitamins have indications in addition to their use as nutritional supplements. For this reason, we recommend covering these medicines. Single entity vitamins are used for the treatment of specific vitamin deficiency diseases. Some examples include: vitamin B12 (cyanocobalamin) for the treatment of pernicious anemia and degeneration of the nervous system, vitamin K (phytonadione) for the treatment of hypoprothrombinemia or hemorrhage, and folic acid for the treatment of megaloblastic and macrocytic anemias.

For clarification, the following are NOT COVERED:

- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies, durable medical equipment, and non-medical substances regardless of intended use.
- Any over-the-counter medicine, unless specified otherwise.
- Blood products, blood serum.
- Experimental medicines do not have NDC numbers and therefore, are not covered.

Plan Provisions:

- 1) Mail Order Mandate: NONE
- 2) Generic Dispensing Mandate: DAW2 – Physicians Choice
- 3) Specialty Drugs: Must be Filled through CVS Caremark Specialty Pharmacy ONLY



\$0 Select Generic Medication List

Amiloride w/HCTZ
Amlodipine
Amlodipine/Benazepril
Atenolol
Atenolol/Chlorthalidone
Benazepril
Benazepril HCT
Bisoprolol Fumarate w/HCTZ
Bisoprolol Fumarate
Captopril
Captopril w/HCTZ
Cartia XT
Carvedilol
Citalopram
Diltiazem
Diltiazem ER
Diltiazem SA
Diltiazem SR
Doxazosin Mesylate
Enalapril Maleate
Enalapril Maleate w/HCTZ
Felodipine
Fenofibrate
Fluoxetine
Fosinopril
Fosinopril w/HCTZ
Furosemide
Gemfibrozil
Glimepiride
Glipizide
Glipizide ER
Glipizide XL
Glyburide
Hydralazine
Hydrochlorothiazide
Labetalol
Lisinopril
Lisinopril w/HCTZ
Metformin ER
Metformin HCl

Metformin/Glipizide
Metformin/Glyburide
Metoprolol Succinate ER
Metoprolol Tartrate
Moexipril
Moexipril w/HCTZ
Nadolol
Nadolol/Bendroflumethiazide
Nicardipine HCl
Nifedipine
Nifedipine ER
Paroxetine
Pravastatin
Prazosin HCl
Propranolol
Propranolol SA
Quinapril
Quinapril w/HCTZ
Sertraline
Simvastatin
Sotalol
Sotalol AF
Spironolactone
Spironolactone w/HCTZ
Terazosin
Trandolapril
Triamterene w/HCTZ
Venlafaxine
Verapamil ER PM
Verapamil HCl