



# Baldwin County

---

Prescription Drug Benefit  
**Member Brochure**  
**Effective Date: 01/01/2022**





# PPO PLAN

RX DEDUCTIBLE		MEDICAL/RX OUT-OF-POCKET MAXIMUM	
Individual	\$0	Individual	\$6,250
Family	\$0	Family	\$12,500

**Embedded:** This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at a \$0 copay for the remainder of the benefit year ending December 31st

## PAYMENT STRUCTURE

### Acute Medications

Acute Medications limited to a 30-day supply.

#### 1-30 DAY SUPPLY

Filling for acute medications at retail pharmacies.

<b>Generic:</b>	\$15
<b>Preferred Brand:</b>	\$40
<b>Non-Preferred Brand:</b>	\$60

### Maintenance Medications

#### 1-60 DAY SUPPLY

Filling for maintenance medications at retail or mail order pharmacies.

<b>Generic:</b>	\$15
<b>Preferred Brand:</b>	\$40
<b>Non-Preferred Brand:</b>	\$60

#### 61-90 DAY SUPPLY

Filling for maintenance medications only at retail or mail order pharmacies.

\$22.50
\$60
\$90



## Specialty Medications

### 1-30 DAY SUPPLY

For filling specialty medications at  
MedOne Specialty Pharmacies.

**Specialty Medications:**

\$100

### **SPECIALTY MEDICATIONS - MEDONE COPAY ASSIST PROGRAM**

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 \$100 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.



# ADDITIONAL PLAN INFORMATION

## MEMBER ID CARD

Members will receive a combined Medical/Prescription Benefit ID card from the medical administrator. This ID card contains important information the pharmacy needs in order to process prescriptions.

## PremierONE PHARMACY NETWORK

The plan includes a network of pharmacies locally and nationwide. Register at [www.MedOne-rx.com](http://www.MedOne-rx.com) to search for an in-network pharmacy or call MedOne at **1-888-884-6331** for assistance.

## MEDONE DRUG LOOK-UP TOOL

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives. Go to [medone-rx.com/members/drug-lookup](http://medone-rx.com/members/drug-lookup) to access this tool and enter in **BCSALBLDWN** when prompted. If you or your physician has questions about a medication or available alternatives, please call MedOne at **1-888-884-6331**

## MEDONE MAIL-ORDER

For assistance in setting up a mail-order account, register at [www.MedOne-rx.com](http://www.MedOne-rx.com) or call MedOne at **1-888-884-6331** for assistance. Please allow 14 business days from the time the mail-order request is submitted until the prescription is delivered.

## DISPENSE AS WRITTEN PENALTY

If a member requests a brand drug when a generic drug is available, the member is responsible for the applicable cost shares 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 a 30-day supply (or 60% of a 90-day supply) has been utilized. For example, 23 days' of a 30-day supply must be utilized before the pharmacy is able to process another fill.

## STEP THERAPY PROGRAM

This program ensures that members receive the most cost-effective medications prior to the plan approving brand medications. For the most current step therapy program information, register at [www.MedOne-rx.com](http://www.MedOne-rx.com).

## INFUSION CARE PATH SERVICES

MedOne offers the opportunities to fill infusion-based medications in an at home setting. Services are available at a reduced cost share. Plan deductibles may apply.

## ACA COVERED PRESCRIPTIONS-\$0 COPAY

- Bowel Preparation limited to 1 per year
- Breast Cancer Chemo Prevention; prior authorization may be required
- Contraceptives up to a 91-day supply (depending on packaging)
- Smoking Cessation (Prescription and over-the-counter products with a prescription; prior authorization required)
- Vaccinations - Influenza, Herpes Zoster Shingles (age 60+), HPV, Pneumococcal, and COVID-19
- Statins for primary preventing of CVD - select low to moderate dose statins included for high-risk patients between ages 40 – 75
- HIV Preventatives; prior authorization required
- Vitamins & Minerals: Fluoride (age 6mo-5yr), Folic Acid, Iron Supplements, Vitamin D2, D3 Calcium (age ≥65)



## DRUG LIMITATIONS

This list highlights common medications and their limitations and is not all-inclusive.

- 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**
- Opioids limited to **200 MME per day**
- Sleep agents limited to **1 dose per day**
- Vaccines e.g. Influenza subject to state and federal guidelines

## EXCLUDED DRUGS / CATEGORIES

This list highlights common plan exclusions and is not all-inclusive.

- Diabetic lancet devices, glucometer and pump supplies
- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplements
- Ostomy supplies
- Over-the-counter (OTC) drugs (except those listed as covered)
- Products for cosmetic indications e.g., anti-wrinkle agents, Botox, and hair growth stimulants
- Weight Loss medications

## DRUGS REQUIRING PRIOR AUTHORIZATION

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

- Standard drugs more than \$1,000
- Compounded drugs more than \$100
- Specialty drugs
- ADHD / narcolepsy drugs
- Androgens
- Breast cancer chemo-prevention drugs
- Gene Therapy
- Growth Hormones
- Infertility medications
- Inhalation / nasal smoking cessation products
- Sexual dysfunction drugs
- Smoking cessation drugs (for treatment more than 6 months)
- Specialty medications for plaque psoriasis

# IMPORTANT INFORMATION

---

## MEDONE MEMBER PORTAL

### HOW TO REGISTER

1. Go to [medone-rx.com](https://medone-rx.com)
2. At the top of the screen click "member portal"
3. At the bottom of the page, click Register Here to Access your Account
4. Enter the information requested (group number and member ID can be found on your pharmacy ID card) then click Register
5. You will then be prompted to open the confirmation email and follow the link provide
6. Enter your log-in credentials and proceed to your account



## MEDONE MEMBER SERVICES

Call **1-888-884-6331** for the following:

- Questions regarding the prescription drug benefits
- Locate a network pharmacy

## SET UP A MAIL-ORDER ACCOUNT

### MEDONE PHARMACY SERVICES (MAIL ORDER)

Call **1-877-896-0919**

- Check the status of a mail-order delivery
- Order refills of a mail-order prescription