Berlin Borough Board of Education

Prescription Coverage Selections - Express Scripts

Who Can Select This Plan?	All Employees	Hired Before 7/1/20	Hired Before 7/1/20
	Rx Retail $5/$10 **Applies to NJEHP & GSP**	**Retail Rx $15/$30/$30** **Applies to HMO & QPOS Plans**	**Retail $20/$35/$50** **Applies to MEC Plan**
Retail Copays (30 Day Supply)			
Generic	$5 Copay	$15 Copay	$20 Copay
Brand Name Drug (Generic Alternative Not Available)	$10 Copay	$30 Copay	$35 Copay
Non- Preferred Brand Name Drug (or Generic Alternative Available)	Member Pays the Difference*	$30 Copay	$50 Copay
Retail Dispensing Limitation	30 day supply	30 day supply	30 day supply
Mail Order (90 Day Supply)			
Generic	$10 Copay	$15 Copay	$20 Copay
Brand Name Drug (Generic Alternative Not Available)	$20 Copay	$30 Copay	$35 Copay
Non-Preferred Brand Name Drug (or Generic Alternative Available)	Member Pays the Difference**	$30 Copay	$50 Copay

The Below Additional Features May Apply to Your Prescription Benefits Coverage:

Step Therapy programs are designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, Step Therapy programs require a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases the higher cost medication without a prior approval, there will be no coverage for the higher cost medication.

***Mandatory Generics**- The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

Mail Order for Specialty Medications - Requires that specialty pharmaceutical medications be obtained through Accredo. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring.

Closed Formulary - Certain medications are excluded from the covered drug list. A great majority of brand-name medications and generic medications are included in the formulary. All conditions with excluded medications have covered clinically equivalent medications. Please note, the formulary list updates throughout the year; for the most up to date version of the formulary please refer to the Express Scripts website: https://www.express-scripts.com/

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription program. Some plan limitations may apply. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.