

City of Maumee

EFFECTIVE DATE: 7/1/2016

	Retail Copay	Mail Order Copay
Tier 1 Generic Copayment	\$5.00	\$10.00
Tier 2 Brand Copayment	\$25.00	\$50.00
Tier 3 Brand Copayment	\$40.00	\$80.00
Tier 4 Brand Copayment		
Specialty Drug Copayment	TIERED COPAYS APPLY	Mail Order Day Supply 90
Retail Day Supply	34	Mail Order Pharmacy: Novixus
90 days at retail?	NO	www.novixus.com 877-668-4987
What Copayment Applies?	N/A	Click Here for Mail Order Form
Allow a Brand copay with a DAW1?	NO	

		DEDUCTIBLE	OUT OF POCKET MAX
Does a deductible apply?	N/A		
Is this a combined deductible	N/A	Individual Amount	
Does an OOP apply?	N/A	N/A	N/A
Is this a combined OOP?	N/A	Family Amount	N/A
MAX Benefit per Person:	N/A		

MEDICATION CLASS COVERED? YES or NO

ACNE AGENTS:	EXCEPTIONS	HEPATITIS:	NO
<i>Covered up to age 24 Accutane subject to LMN/PA</i>		INJECTABLE MEDICATIONS:	NO
ADD/ADHD:	EXCEPTIONS	<i>Anaphylaxis and Vivaglobin Covered.</i>	
<i>Covered up to age 19</i>		NON SEDATING ANTIHISTAMINES:	YES
CONTRACEPTIVES:	YES	MIGRAINE MEDICATIONS:	EXCEPTIONS
<i>Oral, Devices and Depo Provera Covered</i>		<i>Subject to LMN and Prior Auth</i>	
COSMETICS:	NO	PROTON PUMP INHIBITORS:	YES
INSULIN:	YES	SMOKING CESSATION:	YES
<i>Bvetta and Victoza are covered</i>		TRETINOIN: (Wrinkle Creams)	EXCEPTIONS
DIABETIC SUPPLIES:	YES	<i>Covered up to age 24</i>	
<i>Include Monitors and Auto Injectors</i>		VITAMINS:	YES
DENTAL PRESCRIPTIONS:	YES	<i>Prenatal and Legend</i>	
<i>Rx only covered</i>		WEIGHT LOSS:	NO
ERECTILE DYSFUNCTION:	EXCEPTIONS		
<i>Limit 8 pills every 30 days</i>		MS DRUGS ARE NOT COVERED	
FERTILITY MEDICATIONS:	NO		
GROWTH HORMONES:	NO		

MAJOR MEDICAL QUESTIONS: 888-856-2740

Pharmacy Benefit questions, please call National Script Member Services at: 855-628-2100

This is only a summary of your covered services and coverage is subject to change.

Reference your plan document for a complete listing.