**2020 STRS OHIO PRESCRIPTION DRUG PROGRAM OVERVIEW**

**About the STRS Ohio Prescription Drug Program**

The STRS Ohio Prescription Drug Program provides prescription drug coverage for all STRS Ohio medical plan enrollees. The program, which is administered by Express Scripts, offers enrollees cost savings and convenience in purchasing prescription drugs.

Express Scripts administers two plans for STRS Ohio enrollees: (1) Express Scripts Prescription Drug Plan for enrollees without Medicare, and (2) Express Scripts Medicare Part D Prescription Drug Plan for enrollees with Medicare Parts A & B or Part B-only. The deductible and copayments/coinsurance are the same for both plans. The maximum annual expense varies.

It’s important to understand enrollees with Medicare Parts A & B or Part B-only are covered under a Medicare Part D prescription drug plan administered by Express Scripts. Medicare does not allow enrollment in more than one Medicare Part D plan. If you enroll in any other Medicare Part D plan or fail to pay any income-related surcharge required by Medicare, your STRS Ohio medical and prescription drug coverage will be canceled. Contact STRS Ohio before making any changes to your Medicare Part D coverage.

**Where You Can Purchase Prescription Drugs**

You can purchase covered prescription medications for a copayment/coinsurance through Express Scripts’ standard network retail pharmacies or the Express Scripts Home Delivery Pharmacy, which offers a convenient mail-order option. No claim form is needed when you use a network retail pharmacy or home delivery.

**STANDARD NETWORK RETAIL PHARMACIES**

When you purchase your prescriptions through a standard network retail pharmacy, you pay a copayment/coinsurance at the time of purchase. (If the cost of the drug is less than the copayment, you pay the cost of the drug.)

There are two types of network retail pharmacies — **preferred and non-preferred**. You can use either type of network pharmacy; however, if you choose a non-preferred pharmacy, you will pay a $10 fee per fill in addition to the applicable copayment/coinsurance. **This fee does not apply to the annual deductible or maximum annual expense.** Contact Express Scripts to check the network status of your pharmacy.

If you use an out-of-network retail pharmacy, you pay the full price of the prescription at the time of purchase. After you submit a claim form to Express Scripts, you will be reimbursed the discounted amount STRS Ohio would have been charged at a preferred network pharmacy, less the applicable copayment/coinsurance and $10 non-preferred pharmacy fee. If an out-of-network pharmacy charges more than this amount, you are responsible for excess charges.

**HOME DELIVERY PHARMACY**

When you purchase your prescriptions through the Express Scripts Home Delivery Pharmacy, you pay a copayment/coinsurance at the time of purchase. (If the cost of the drug is less than the copayment, you pay the cost of the drug.) Your prescriptions will be delivered to you by mail approximately 10 to 14 days after Express Scripts receives your order.

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Your Prescription Drug Expenses

The amount you pay for prescription drugs varies depending on the type of medication you purchase and the type of pharmacy you use. To check the cost of a medication, call Express Scripts or visit www.express-scripts.com.

YOUR MAXIMUM ANNUAL EXPENSE

This is the maximum annual amount an enrollee will pay in copayments/coinsurance/deductible for generic, covered brand-name and specialty medications. Once the maximum annual expense limit is met, that enrollee pays nothing for covered drugs for the remainder of the year. Note: Non-preferred pharmacy fees do not apply to the maximum annual expense.

- Non-Medicare enrollees: $5,100
- Medicare enrollees: $6,350

ANNUAL DEDUCTIBLE

There is a $250 annual deductible per enrollee for covered brand-name drugs, including specialty drugs. An enrollee pays the full cost of these drugs until the deductible is met. After the deductible is met, that enrollee pays the applicable copayment/coinsurance for the remainder of the year. The deductible resets every Jan. 1. Accumulated amounts do not carry over to the next calendar year. Note: Generic drug costs and non-preferred pharmacy fees do not apply to the deductible.

MAXIMUM DAY SUPPLY

- Non-Medicare enrollees — 31 days at retail; 90 days at home delivery
- Medicare enrollees — Up to 90 days at retail; 90 days at home delivery. Note: Prior to acceptance in the Express Scripts Medicare Part D plan, the maximum retail supply is 31 days. The retail copayments listed below are per 31-day supply. (For a 90-day retail supply, the copayments will be three times the amount listed.)

COST-SAVING TIPS

- You will pay less for generic drugs compared to covered brand-name drugs.
- Low-Cost Generic Drug Program medications are available through the Home Delivery Pharmacy for a $9 copayment.
- Use preferred network retail pharmacies for short-term medications.
- Use the Home Delivery Pharmacy for maintenance medications and receive a 90-day supply for a lower copayment than three fills at retail.
- To save money, ask your doctor about generic or over-the-counter alternatives. If these options are not available, talk to your doctor about a covered brand-name drug, which still offers cost savings.

Know More About Your Plan

Certain drugs are subject to prior authorization and/or review to determine if alternate therapies have been tried. Other drugs are subject to quantity limits. If you have a question about a specific medication or need additional information, please call Express Scripts or visit www.express-scripts.com.

Enrollees without Medicare: Call Express Scripts toll-free at 866-685-2792
Enrollees with Medicare: Call Express Scripts toll-free at 888-416-3326