

## 2022 STRS OHIO PRESCRIPTION DRUG PROGRAM OVERVIEW

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### 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, maximum annual expense and copayments/coinsurance are the same for both plans. Other coverage features may vary.

It's important to understand enrollees with Medicare 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.

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### 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.

## 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](http://www.express-scripts.com).

### YOUR MAXIMUM ANNUAL EXPENSE

The maximum annual expense is \$5,100 per enrollee. 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.

### ANNUAL DEDUCTIBLE

There is a \$275 annual deductible per enrollee for covered brand-name drugs, including brand-name 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 are not subject to or applied 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.)

<b>Copayments/Coinsurance</b>		
<i>If the cost of the drug is less than the copayment, you pay the cost of the drug.</i>		
	<b>Preferred Pharmacies</b>	<b>Non-Preferred Pharmacies</b>
<b>Standard Network Retail/Nursing Home Pharmacy Copayments/Coinsurance per 31-day Supply</b>	<b>Generic:</b> \$10 <b>Preferred brand-name:</b> \$30 (after deductible) <b>Non-preferred brand-name:</b> \$75 (after deductible) <b>Specialty:</b> Lesser of 8% of the cost <b>or</b> \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)*	Enrollee pays the copayment/coinsurance charged at a preferred pharmacy, plus a \$10 fee per fill
<b>Home Delivery Copayments/Coinsurance</b>	<b>Low-Cost Generic Drug Program medications:</b> \$9 <b>Generic:</b> \$25 <b>Preferred brand-name:</b> \$75 (after deductible) <b>Non-preferred brand-name:</b> \$187.50 (after deductible)	<b>Specialty:</b> Lesser of 8% of the cost <b>or</b> \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)

\*Non-Medicare enrollees must use Accredo, Express Scripts' specialty pharmacy provider. Medicare enrollees may use any specialty provider (non-preferred pharmacy fees do not apply).

### 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](http://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**