



**Sunrun Inc.
Effective January 1, 2020**

PPO Plan

	30 Day Supply	90 Day Supply
	<u>Retail</u>	<u>Mail</u>
Generic Drugs	\$15	\$30
Preferred Brand Name Drugs	\$35	\$70
Non- Preferred Brand Name Drugs	\$50	\$100
Specialty Drugs*	30% \$100 max	30% \$200 max

Maximum Out of Pocket (MOOP): \$3,000 Individual/\$6,000 Family

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties do not apply to the MOOP.

CDHP Option 1

Deductible: \$2,000 Individual/\$4,000 Family

The calendar year deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family deductible. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP). IRS approved preventive Brand and Generic medications are not subject to the deductible and are paid at 100%.

	30 Day Supply	90 Day Supply
	<u>Retail</u>	<u>Mail</u>
Generic Drugs	\$15	\$30
Preferred Brand Name Drugs	\$25	\$50
Non- Preferred Brand Name Drugs	\$40	\$80
Specialty Drugs*	20%	20%

Maximum Out of Pocket (MOOP): \$3,500 Individual/ \$3,500 individual + Family/\$7,000

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%. IRS approved preventive Brand and Generic medications are not subject to the deductible and are paid at 100%.



CDHP Option 2

Deductible: \$3,000 Individual/\$6,000 Family

The calendar year deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family deductible. Once met, your covered prescriptions are subject to the copays below. Dispense as written penalties do not apply to the deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

	30 Day Supply	90 Day Supply
	<u>Retail</u>	<u>Mail</u>
Generic Drugs	20%	20%
Preferred Brand Name Drugs	20%	20%
Non- Preferred Brand Name Drugs	20%	20%
Specialty Drugs*	20%	20%

Maximum Out of Pocket (MOOP): \$5,000 Individual/\$6,850 Individual+ Family/\$10,000

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy and medical claims. Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.

***Specialty Medications:** Specialty medications are limited to 30 day supply and must be ordered from Accredo Specialty Pharmacy at 1-800-803-2523. Specialty medications may be subject to prior authorization, step therapy, and/or quantity limits.

Dispense as Written Policy: If you choose to buy the brand name drug when a generic equivalent is available, you will be required to pay the brand copay plus the difference in cost between the generic and brand name drug.

Tobacco Cessation: Tobacco cessation medications are covered at 100%.

Step Therapy: Step therapy promotes the use of generic medications first before non-preferred brand medications. If you choose to use certain non-preferred brand-name drugs before trying a generic medication or a preferred brand medication, your prescription may not be covered and you may need to pay the full cost.

CCS Medical Diabetes Wellness Program: Diabetic supplies are provided as part of the Prevention & Treatment Plan for diabetes and are provided to covered employees and their dependents at no cost to the employee (prescription copay is waived) when received from CCS Medical. These supplies include: cellular glucose meter, diabetic testing strips, control solution, lancets, lancing device(s), and alcohol pads. You may call 1-800-966-2046 to enroll in this voluntary program. Diabetic supplies not received from CCS Medical are subject to the above copays/coinsurance.

DRUGS COVERED**

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- ADD/ADHD Medications
- Androgens (prior authorization may apply)
- Compounded medication of which at least one ingredient is a legend drug (prior authorization may apply)
- Contraceptives: Oral, transdermal, intravaginal, implantable devices, injectable, diaphragms, IUD's and extended cycle products (quantity limits may apply)
- Diabetic Care: Oral Diabetic medications, Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets (prior authorization, quantity limits, and/or step therapy may apply)
- Fertility Medication with a lifetime CAP of \$25,000
- Gastrointestinal-Antiemetics (quantity limits may apply)
- Growth Hormones (prior authorization and/or step therapy may apply)
- Hypnotics (quantity limits and/or step therapy may apply)
- Impotency Medications (quantity limits and/or prior authorization may apply)
- Oral Infertility Medications (quantity limits and/or step therapy may apply)
- Influenza Medications (quantity limits may apply)
- Migraine medications (quantity limits may apply)
- Narcolepsy Medications (prior authorization may apply)
- Pain/Narcotics (prior authorization and/or quantity limits may apply)
- Prescription and OTC smoking cessation (two 12 week programs per plan year); OTC requires prescription
- Prescription Vitamins
- Topical Acne Medications (prior authorization and/or step therapy may apply)
- Medication costs exceeding \$1,000 per 30 day supply and \$3,000 per 90 day supply require prior authorization.



EXCLUSIONS**

- Formulary Exclusion List
- Anabolic Steroids
- Anti-obesity/Appetite Suppression medications
- Biologicals, Non-ACA Vaccines, Immunization Agents
- Blood Products and Serums
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a physician's office, licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Nutritional Supplements
- OTC Products unless noted above
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- Therapeutic devices or appliances unless listed as a covered product
- Certain formulary exclusions including medications which have low clinical value may apply. Contact Member Services at 1-800-334-8134 for additional information.

****This is not an inclusive list but is a representation of the most commonly used medications. Some prescriptions may require a Prior Authorization for coverage or may have quantity limits attached. Contact member services for specific drug coverage information.**

Patient assistance programs may not apply to deductible and out of pocket accumulations.

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Express-Scripts.com to check drug costs and coverage.