

INFORMATION ABOUT YOUR PRESCRIPTION DRUG PLAN

Johnson County utilizes Elixir to administer its Prescription Drug Plan.

PPO Plan	Preferred Pharmacy Network	Preferred Pharmacy Network	Mail Service
Maximum Day Supply Allowed:	34	90	90
Generic Copay (<\$100):	\$5	\$12.50	\$12.50
Generic Copay (≥\$100):	\$15	\$37.50	\$37.50
Formulary Copay:	\$30	\$75	\$75
Non-Formulary Copay:	\$50	\$125	\$125
Erectile Dysfunction Copay:	Copay (according to formulary status) + 50% of the medication's cost		
Infertility Treatment	Applicable Copay (\$15,000 Lifetime Max)		
OTC Non-Sedating Antihistamines, Ophthalmic Allergy, Prevacid, Nexium & Prilosec OTC Copay (Rx Required)	Generic Copay		
Annual Medical/Rx Combined Out-of-Pocket Maximum	\$2,500 per Individual or \$5,000 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

BlueSaver HDHP Individual Plan	Preferred Pharmacy Network	Preferred Pharmacy Network	Mail Service
Maximum Day Supply Allowed:	34	90	90
Generic Copay:	10% after deductible met	10% after deductible met	10% after deductible met
Formulary Copay:	10% after deductible met	10% after deductible met	10% after deductible met
Non-Formulary Copay:	10% after deductible met	10% after deductible met	10% after deductible met
Infertility Treatment	Applicable Copay (\$15,000 Lifetime Max)		
Drugs included in the Preventive List	Subject to PPO Plan copay structure and not applicable to the Deductible.		
Annual Medical/Rx Combined Deductible	\$1,750 per Individual beginning every January 1 st . Once you have met this amount, you will pay the above copays and/or coinsurance until the end of the benefit year, Dec 31 st , or until you reach the Out-of-Pocket maximum.		
Annual Medical/Rx Combined Out-of-Pocket Maximum	\$3,250 per Individual beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

BlueSaver HDHP Family Plan	Preferred Pharmacy Network	Preferred Pharmacy Network	Mail Service
Maximum Day Supply Allowed:	34	90	90
Generic Copay:	10% after deductible met	10% after deductible met	10% after deductible met
Formulary Copay:	10% after deductible met	10% after deductible met	10% after deductible met
Non-Formulary Copay:	10% after deductible met	10% after deductible met	10% after deductible met
Infertility Treatment	Applicable Copay (\$15,000 Lifetime Max)		
Drugs included in the Preventive List	Subject to PPO Plan copay structure and not applicable to the Deductible.		
Annual Medical/Rx Combined Deductible	\$2,800 per Individual and \$3,500 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays and/or coinsurance until the end of the benefit year, Dec 31 st , or until you reach the Out-of-Pocket maximum.		

Annual Medical/Rx Combined Out-of-Pocket Maximum	\$3,250 per Individual and \$6,500 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .
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Johnson County, KS Gov't – BlueSaver \$3,000 Retiree HDHP	Preferred Pharmacy Network	Preferred Pharmacy Network	Mail Service
Maximum Day Supply Allowed:	34	90	90
Generic Copay:	100% after deductible met	100% after deductible met	100% after deductible met
Formulary Copay:	100% after deductible met	100% after deductible met	100% after deductible met
Non-Formulary Copay:	100% after deductible met	100% after deductible met	100% after deductible met
Infertility Treatment	Applicable Copay (\$15,000 Lifetime Max)		
Drugs included in the Preventive List	Subject to PPO Plan copay structure and not applicable to the Deductible.		
Generic Requirement	Only generic and single-source brands may be purchased		
Annual Medical/Rx Combined Deductible	\$3,000 per Individual and \$6,000 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays and/or coinsurance until the end of the benefit year, Dec 31 st , or until you reach the Out-of-Pocket maximum.		
Annual Medical/Rx Combined Out-of-Pocket Maximum	\$3,000 per Individual and \$6,000 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

Johnson County, KS Gov't – BlueSaver \$5,000 Retiree HDHP	Preferred Pharmacy Network	Preferred Pharmacy Network	Mail Service
Maximum Day Supply Allowed:	34	90	90
Generic Copay:	100% after deductible met	100% after deductible met	100% after deductible met
Formulary Copay:	100% after deductible met	100% after deductible met	100% after deductible met
Non-Formulary Copay:	100% after deductible met	100% after deductible met	100% after deductible met
Infertility Treatment	Applicable Copay (\$15,000 Lifetime Max)		
Drugs included in the Preventive List	Subject to PPO Plan copay structure and not applicable to the Deductible.		
Generic Requirement	Only generic and single-source brands may be purchased		
Annual Medical/Rx Combined Deductible	\$5,000 per Individual and \$10,000 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays and/or coinsurance until the end of the benefit year, Dec 31 st , or until you reach the Out-of-Pocket maximum.		
Annual Medical/Rx Combined Out-of-Pocket Maximum	\$5,000 per Individual and \$10,000 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

Rx Schedule of Benefits for the Johnson County Health & Welfare Plans (assumes you use a network pharmacy).

Will I receive an ID card? Prior to your effective date you will receive a new Blue KC prescription insurance card. There is a Elixir logo on this card. Show this card to your pharmacist when you get a prescription filled.

Where can I fill my prescriptions?

- **Retail Pharmacies.** To find out which pharmacies participate you can log onto our website and click on Pharmacy locator, or call Elixir.
- **Elixir Pharmacy.** Mail order can be used to fill 90-day supplies of maintenance medications. The Envision Mail Order Enrollment Form should be sent with *new* written prescriptions from your doctor. Once your initial order has been processed, subsequent new prescriptions can be faxed *from your doctor* or you can continue to mail in new written prescriptions you receive. Allow two weeks from receipt for delivery. Call 833-640-2847 to enroll or www.elixirsolutions.com. You will need your prescription ID to register.



Is my drug a Formulary or non-Formulary drug? Please refer to the **Elixir Select Formulary**, which can be found by logging onto our website and clicking on Forms and Downloads. If you are using a drug that is not listed as a Formulary Drug, you may pay a higher copay as listed above. Please ask your doctor to prescribe a Formulary Drug whenever possible.

How do I know if my drug has a Generic equivalent? This Plan encourages the use of Generic drugs because in most cases Generics are just as effective as Brands and much less expensive. Please ask your physician and your pharmacist to prescribe and dispense Generic drugs whenever possible.

Can I obtain a 90-day supply of my NEWLY PRESCRIBED medication?

Your prescription drug plan includes a “Starter Dose” program. Prior to getting a 90-day supply of any new medication at a Performance 90 retail pharmacy or Walgreens Mail Service, you must start with a 34-day supply at a Preferred retail pharmacy. This reduces wastage in cases where your doctor tells you to stop taking the new medication early because it is not working or is causing side effects.

How can I find out more about drug alternatives and cost savings? This Plan utilizes Elixir’s eScriptCHOICE Program. The goal of eScriptCHOICE is to inform plan members about the less expensive alternatives to high-costing branded products. Switching to these preferred drugs will save you and the plan money! Elixir’s website allows you to view and price drug alternatives. See website and registration information below.

Does Elixir have a website? Our website address is www.elixirsolutions.com. Register using the Elixir information on your ID card. Our website includes the ability to search for participating pharmacies, research drug alternatives, price a drug, and print a history of your prescription claims. (Please note that due to the HIPAA law, members 18 years of age and older must each register separately.) Please call Elixir for any assistance in this process.

Rx Price Finder Once you register for an account on www.elixirsolutions.com, you will have access to this tool to look up the cost of current or future prescriptions with Rx Price Finder. Simply enter the name and quantity of the medication and Rx Price Finder will provide your copay, the Plan pay and when available, lower costing alternatives.

What is Step Therapy? Step Therapy is a program designed for members to start with the most cost-effective and as safe of a medication before progressing to more costly or risky therapies. With Step Therapy, members are required to take a Step One medication before trying a Step Two medication. If the Step One drug is not tried, a prior authorization is required. You may have tried a Step One drug in the past but without your medication history on file with Elixir, you or your physician may need to call to obtain approval for the Step Two drug. Contact Elixir Rx at 800-771-4648 to see if you need to switch to a Step One medication or approved to fill a Step Two drug.

This is practical information regarding your Prescription Benefit Plan. For a more detailed description of your Health Plan, please refer to your Summary Plan Description (SPD) provided to you by your employer and/or the Medical Benefits provider.