

## 2018 IRMP Cigna HDHP Plan

#### **Prescription Benefits at a Glance**

Express Scripts manages the prescription benefit for Intel's Retiree Plans (Cigna).

Member Services: 800.899.2713

Member Website: express-scripts.com Open Enrollment Website: express-scripts.com/inteloe (follow the link to the IRMP Cigna HDHP Plan option)

## **IN-NETWORK BENEFITS**

	IRMP Cigna HDHP	
	\$1,495 (Employee only)	
Deductible	\$3,000 (Employee + Child(ren))	
Boddolinio	\$3,755 (Employee + Spouse and/or Child(ren))	
	Prescriptions and Medical	
	\$2,245 (Employee only)	
Out-of-Pocket Maximum	\$4,485 (Employee + Child(ren))	
	\$5,555 (Employee + Spouse and/or Child(ren))	
	Prescriptions and Medical	
Your drug coinsurance amounts* at Participating Retail Pharmacies (up to a 34-day supply)		
Generic	10%	
Formulary	10%	
Nonformulary	10%	
Your drug coinsurance amounts through the Express Scripts Pharmacy <sup>SM</sup> and Costco and Walgreens		
(up to a 90-day supply)		
Generic	10%	
	10%	
Formulary	10%	

Here are examples of how your coinsurance works.

Commonly Prescribed Medication	Approximate Member Cost Before Deductible is Satisfied (as of 8/21/2017)	Approximate Member Cost After Deductible is Satisfied (as of 8/21/2017)
Humalog 10ml vials* (Brand Medication) Retail Pharmacy (up to 34-day supply)	\$253.82	\$25.38 (10%)
Humalog 10ml vials* (Brand Medication) Retail - Walgreens or Costco (90-day supply)	\$761.47	\$76.14 (10%)
Humalog 10ml vials* (Brand Medication) Mail* (90-day supply)	\$741.79	\$74.17 (10%)
Atorvastatin 80mg* (Generic Medication) Retail Pharmacy (up to 34-day supply)	\$11.44	\$1.44 (10%)
Atorvastatin 80 mg* (Generic Medication) Retail - Walgreens or Costco (90-day supply)	\$30.29	\$3.02 (10%)
Atorvastatin 80mg* (Generic Medication) Mail* (90-day supply)	\$30.39	\$3.03 (10%)

\* After 2 fills, members must purchase maintenance medication at Walgreens or Costco or through the Express Scripts Pharmacy to receive the best Intel benefit.

# **Additional Information**

- National Preferred Formulary: The Plan includes a list of preferred drugs that are either more effective at treating a particular condition than other drugs in the same class of drugs, or as effective as and less costly than similar medications. Collectively, these lists of drugs make up the Plan's Formulary. The Plan's Formulary is updated periodically and subject to change, so to get the most up-to-date list, go to express-scripts.com. Drugs that are excluded from the Plan's Formulary are not covered under the Plan.
- Intel Maintenance Drug Program, with additional retail options: You and your covered dependents can order up to a 90-day supply at Walgreens<sup>1</sup> and Costco pharmacies, as well as the Express Scripts Pharmacy home delivery service, without a penalty. This feature will help make it easy for you to fill prescriptions for your maintenance medications<sup>2</sup> (those drugs you take regularly for ongoing conditions like high blood pressure or high cholesterol) without penalty for up to a 90-day supply.

Your coinsurance for your 90-day supply will be the same whether you fill your prescriptions through the Express Scripts Pharmacy, Walgreens or Costco network pharmacies.

• Other retail pharmacies: The first two times you purchase a maintenance drug at a participating retail pharmacy (not including Costco and Walgreens), you'll pay coinsurance as shown in the chart on side 1. After the second fill, you'll pay your normal 10% coinsurance plus a penalty of 30% of the full cost for the drug if you purchase it anywhere other than the Express Scripts Pharmacy, Costco or Walgreens. This 30% penalty will not count toward your deductible or out-of-pocket maximum.

You should continue to purchase short-term drugs, such as antibiotics, at any participating retail pharmacy. See the chart on side 1 for your cost.

- Specialty drugs: Specialty drugs are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. These medications should be ordered through Accredo, an Express Scripts specialty pharmacy, starting with the first fill to avoid higher costs. If you use a pharmacy other than Accredo to purchase specialty medications, you will be responsible for their full cost.
- **Coverage approval:** Certain medications may require a coverage review to determine whether they meet the plan's coverage requirements. To see whether a medication you take requires review and approval, you can check the enrollment site below or contact Member Services. If you're an existing member, you can log in at express-scripts.com for this information.
- Brands with generic equivalents: If you choose to purchase a brand drug when a generic equivalent is available, you'll pay the generic coinsurance plus the cost difference between the brand and the generic drugs. The difference won't apply to your deductible (if applicable) or out-of-pocket maximum.
- Compound drugs: Most compound drugs are excluded.
- **Out-of-Network Claims:** If you obtain a covered prescription at a pharmacy that is not in the network, you will be responsible for a 40% coinsurance.

#### **For questions**

If you need pricing information to assist in determining which plan you would like to enroll in, visit **express-scripts.com/inteloe** or contact Member Services.

If you're a first-time visitor to the Express Scripts member website **express-scripts.com**, please take a moment to register using your member ID number.

1 This includes Duane Reade™ pharmacies and any other Walgreens-affiliated pharmacies and all are included in the Maintenance Drug Program network.

2 The medications affected by this plan limit may change. To find out whether your medication is affected, log in at express-scripts.com and select Price a Medication in the Prescriptions menu. Then select your medication in the Search menu and click "View coverage notes" on the results page.