

100 Most Prescribed Drugs in the State Health Benefits Program **--Participant Cost Comparison by Self-Insured Plan--**

The following factors should be considered as you use this information to compare drug costs under the COVA Care Plans, COVA High Deductible Health Plan and COVA HealthAware Plans:

Copayment/Coinsurance:

- Per plan provisions, participant prescription drug costs under the **COVA Care Plans** are based on a flat copayment determined by the tier of the covered drug (e.g., generic tier 1--\$15, preferred or non-preferred brand tiers 2 and 3--\$30 and \$45, specialty tier 4--\$55).
- Per plan provisions, participant prescription drug costs under the **COVA HealthAware** and **COVA High Deductible Health Plans** are based on a 20% coinsurance structure.

Drug Cost:

The cost of individual drugs is subject to change at any time based on market changes.

- This generally has no impact on the copayment liability under the **COVA Care Plans**.
- It will directly affect the 20% coinsurance cost (positively or negatively) under the **COVA HealthAware** and **COVA High Deductible Health Plans**.

Deductible:

- The **COVA Care Plan** requires no payment of a deductible prior to providing benefits for covered prescription drugs.
- **COVA HealthAware** and **COVA High Deductible Health Plan** participants must meet a deductible before their 80% benefit is paid. The deductible applies to all benefits except for in-network preventive care, including certain drugs. If funds are available, out-of-pocket costs for covered services, including prescription drugs, will automatically be paid from the Health Reimbursement Arrangement (HRA) for **COVA HealthAware** participants.

Health Reimbursement Arrangement (HRA)

- The **COVA HealthAware Plan** includes an annual deposit of \$600* for an enrolled employee and \$600* for an enrolled spouse. Additional funds can be deposited in the HRA by completing designated healthy actions (Do-Rights) or through other incentive programs (e.g., Healthy Beginnings or Bariatric Pre-Surgery Program). If these funds are not used, they can be rolled over to the next plan year if the participant remains in the plan. The HRA will automatically pay covered prescription drug cost as long as there are sufficient funds in the HRA.
- No other plan provides HRA Funds.

*The annual HRA deposit will be prorated for enrollments after the start of the plan year.

Out-of-Pocket Maximum:

- All covered out-of-pocket prescription drug costs under the **COVA Care**, **COVA HealthAware** and **COVA High Deductible Health Plans** will be applied toward the plan's annual out-of-pocket maximum expense level (regardless of copayment or coinsurance structure). Once the out-of-pocket maximum is reached, covered drugs are paid at 100% under all three plans.

Premium:

- The participant cost for prescription drugs (as well as other costs for services) has an impact on all plans' premium levels. A lower participant out-of-pocket cost for covered services and the resulting higher plan cost can generally result in a higher relative premium.

Note: Some drugs are not likely to be dispensed in a 34 or 90-day supply. For those drugs, the coinsurance costs provided in this chart still represent the cost for 34 or 90 units, but the unit price would not change even if the prescription were written for less than 34 or 90 days. For example, if the 34-day coinsurance cost is listed as \$17.00 (\$.50 per day), the cost of a 10-day supply would be \$5.00.

Under a copayment plan, the cost for less than a 34 or 90-day supply would be the same as for a 34 or 90-day supply unless the actual cost of the drug is less than the copayment, in which case the actual cost of the drug would be charged.

Some drugs will never be prescribed in 34 or 90-day quantities (for example, some pre-packaged drugs or drugs prescribed with a loading dose). Those drugs are noted (*), and the average cost of the required quantity is provided.

BE SURE TO CAREFULLY CONSIDER THE ABOVE COST FACTORS AS THEY RELATE TO YOUR INDIVIDUAL CIRCUMSTANCES WHEN DETERMINING YOUR PLAN SELECTION. ALEX, YOUR ONLINE BENEFITS COUNSELOR, CAN ASSIST YOU IN ESTIMATING YOUR ANNUAL TOTAL COST, INCLUDING PRESCRIPTION DRUGS, UNDER THESE PLANS.

This information is based on plan provisions for plan year July 1, 2016, through June 30, 2017.