



# Greater Cincinnati Insurance Consortium

## Summary of Prescription Drug Benefits July 1, 2018

	<b>When to use it</b>	<b>Your Copayment</b>	<b>Max Days Supply</b>
<b>Retail</b>	For immediate medications or short-term medications	Generic: \$10.00 Preferred: \$40.00 Non-Preferred: \$60.00	31 day supply
<b>Mail Service</b>	For maintenance medications or long-term medications	Generic: \$10.00 Preferred: \$100.00 Non-Preferred: \$180.00	84-90 day supply
<b>Specialty Pharmacy</b>	For specialty medications	20% Coinsurance with \$250 maximum	30 day supply *Use of EnvisionSpecialty Pharmacy is Required

***Annual Out-of-Pocket Maximum: \$3,000 Single and \$6,000 Family  
Copays for covered expenses apply to the Annual Out-of-Pocket Maximum***

### **Exclusions:**

- Exclusions include, but are not limited to, over-the-counter medications, medications used for weight loss or cosmetic purposes, fertility drugs, investigational or experimental drugs.
- Certain medications require Prior Authorization from your physician before your pharmacist can dispense your prescription.
- Quantity Limits and Step Therapy apply to select medications.
- No coverage for use of non-network Mail Service or Specialty Pharmacy.

**(Over)**

## **Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. Appeals must be filed within 180 days from the date of the adverse determination letter. For questions about your rights, this notice, or assistance, you can contact: EnvisionRx at the 1-800-361-4542 or visit [www.envisionrx.com](http://www.envisionrx.com).

Written appeals may be sent via mail or fax:

EnvisionRx  
2181 E Aurora Rd, Suite 201  
Twinsburg, OH 44087  
Attn: Clinical Appeals

OR

Fax: 877-503-7231

*This summary of benefits is informational only and is not a contract of insurance, nor intended to include all provisions of the prescription drug plan.*

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