

Princeton University
Prescription Drug Plan
Summary Plan Description

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Introduction

If you elect coverage under a medical plan option offered by Princeton University, you automatically receive prescription drug benefits through Optum Rx. Your contribution to the cost of your prescription drug coverage is included in the premium you pay for medical plan coverage. The Prescription Drug Plan provides coverage for both retail and mail order prescriptions.

Your benefit covers most prescription drugs, and some over-the-counter items considered preventive under the Affordable Care Act. Certain medications are subject to limitations and may require prior authorization.

Your medical plan election determines your level of prescription plan coverage. If you elect coverage under the Aetna HMO Plan, the Aetna or UnitedHealthcare Princeton Health Plan (PHP) or the Aetna J-1 Visa Plan, your prescription plan coverage is not integrated with your medical plan coverage.

If you elect coverage under the Consumer Directed Health Plan (CDHP), your coverage is integrated with your medical plan coverage, and you will be required to meet the CDHP annual deductible prior receiving coverage. However, you will be provided with immediate coverage for certain preventive drugs and IRS-designated drugs for chronic conditions.

You should review the SPD or contact Optum Rx at (877) 629-3117 or www.optumrx.com for more information or if you have coverage questions.

How the Plan Works

With the Prescription Drug Plan, the amount that you pay is based on whether the drug is generic, a preferred brand, or a non-preferred brand and whether you are purchasing the drug at a retail pharmacy or through mail order.

If you are enrolled in the Consumer Directed Health Plan (CDHP), it is important that you read Prescription Coverage Under the CDHP (see pages 3 and 6) for additional information on your prescription coverage. With the exception of preventive items and services (see page 6) and of IRS-designated drugs which treat chronic conditions, coverage is provided only after you have met the required deductible with your medical and prescription expenses.

With mail order, you'll save money because you pay a two (2) month copay for a three (3) month (90-day) supply of a prescription. The mail order copay is less than the amount you would pay if you filled that prescription at a retail pharmacy three (3) times. Mail order is ideal for maintenance medications that you take on an ongoing basis.

There is a three (3) tier cost schedule for your prescriptions. Ranging from the least expensive to the most expensive, the tiers are:

- generic drugs
- preferred brand drugs
- non-preferred brand drugs

Prescription Drug Definitions

Drug Type	Definition
Generic	A drug that is equivalent to a brand name prescription. By law, a generic must contain the same active ingredients and chemical composition as brand name drugs. Therefore, taking a generic drug should treat the condition the same as the brand, but the prescription can be obtained at a lower cost.
Preferred Brand	Brand name medications that are on the Premium Formulary.
Non-Preferred Brand	Brand name medications that are not on the Premium Formulary

Formulary

The Prescription Plan utilizes a three tier formulary. A formulary is a list of prescribed medications, including both generic and brand-name drugs, that have proven to be both clinically and cost effective. Prescriptions on the formulary are categorized into three tiers and those tiers determine your cost for a particular medication. There are preferred products in every therapeutic class in the formulary. Some prescriptions are “excluded” from the formulary, and these medications are not covered under the Prescription Plan.

Refer to www.princeton.edu/hr/benefits for the list of formulary medications.

Schedule of Benefits

Prescription Plan Benefit Design if enrolled under the Aetna HMO, Aetna or UnitedHealth Princeton Health Plan or the Aetna J-1 Visa Plan		
	Retail (up to a 30 day supply)	Mail Order (up to a 90 day supply)
Generic	\$5 copay	\$10 copay
Preferred Brand	\$25 copay	\$50 copay
Non-Preferred Brand	\$40 or Member Pays the Difference	\$80 or Member Pays the Difference
Deductible: None Out-of-Pocket Maximum (OPM): \$3,500 individual/\$7,000 family. Prescription plan copays are subject to the OPM; once the member and/or family OPM is satisfied, no additional copays are required for the remainder of the calendar year. Amounts paid for the Member Pays the Difference program and the Home Delivery Incentive Program do not count towards the OPM.		

Prescription Plan Benefit Design if enrolled under the Aetna Consumer Directed Health Plan (CDHP)		
	Retail (up to a 30 day supply)	Mail Order (up to a 90 day supply)
Generic	\$5 copay	\$10 copay
Preferred Brand	\$25 copay	\$50 copay

Non-Preferred Brand	\$40 or Member Pays the Difference	\$80 or Member Pays the Difference
<p>Deductible: Combined prescription and medical - \$1,500 individual/\$3,000 family</p> <p>Out-of-Pocket Maximum (OPM): Combined prescription and medical - \$3,000 individual/\$6,000 family. Once the member and/or family OPM is satisfied, no additional copays are required for the remainder of the calendar year. Amounts paid for the Member Pays the Difference program and the Home Delivery Incentive Program do not count towards the OPM.</p>		

Retail Pharmacy Service

Optum Rx has a national network of retail pharmacies. Use a local participating pharmacy for a prescription drug that you need immediately and for which you will require no more than a 30-day supply.

The cost for retail prescriptions may change annually. For 20, the copays of retail prescriptions are:

- \$5 for generic
- \$25 for preferred brand
- \$40 for non-preferred brand or Member Pays the Difference (see page 6) for brand name drugs that have a generic equivalent.

To obtain a prescription from a participating pharmacy, present your OptumRx prescription drug card. The pharmacist will fill your prescription and you will pay the applicable copay.

There are no claim forms to fill out unless you purchase a drug from a non-participating pharmacy.

Below is a list of drugs which are not covered under the Retail Pharmacy Program. If you or your doctor have a question about whether or not a drug is covered, please call Optum Rx at (877) 629-3117.

Exclusions:

The following drugs/supplies are excluded:

- non-Federal Legend Drugs;
- allergy Serum (covered through the medical plan)
- therapeutic devices or appliances;
- certain Compound medications;

- drugs labeled “Caution-limited by Federal law to investigational use,” or experimental drugs, even though a charge is made to the individual and
- Drugs that are excluded from the formulary

Mail Order Service

The Mail Order Service allows you to order maintenance prescription drugs (up to a 90-day supply) through the mail. For 2021, the cost of mail order prescriptions are:

- \$10 for generic
- \$50 for preferred brand
- \$80 for non-preferred or Member Pays the Difference (see page 4) for brand name drugs that have a generic equivalent.

To use the Mail Order Service, simply complete the Mail Order Form (available on the Human Resources website at <http://www.princeton.edu/hr/forms/>), log onto OptumRx website at www.optumrx.com or call OptumRx at 877-629-3117. You will need to submit a prescription for a 90 day supply, and payment to Optum Rx. (You can set up a credit card to be charged for future refills). As a reminder, you pay a two (2) month copay for a three (3) month (90-day) supply. Your prescription is delivered to your home, postage-paid, along with the instructions for refills.

If you are receiving long-term medication for the first time, you should ask your doctor to provide two (2) prescriptions—one to be filled at your local participating pharmacy for the initial 30-day period, and a second to be submitted through the Mail Order Service for a 90 day supply. Or, upon request, Optum Rx will contact your retail pharmacy for a copy of your prescription.

Home Delivery Incentive Program

Optum Rx’s Home Delivery Incentive Program is designed to encourage participants to use the mail order service for all maintenance medications. If you use mail order, you will receive a three (3) month supply for the cost of a two (2) month supply. However, if you renew your prescription for a maintenance medication through a retail pharmacy for more than three (3) months, subsequent refills will cost twice the retail pharmacy copay rate. You should use retail pharmacies for short-term prescriptions, such as antibiotics.

Due to Optum’s shipping policy, there are some medications, such as those using certain types of aerosol propellants, which cannot be provided through Mail Order and must be obtained at a retail pharmacy. In these cases, you can still receive a 90 day supply, and refills will not be subject to the Home Delivery Incentive Program.

Below is a list of drugs which are not covered under the Mail Order Program. If you or your doctor have a question as to whether or not a drug is covered, please call Optum Rx at (877) 629-3117.

Exclusions:

The following drugs/supplies are excluded:

- Non-Federal Legend Drugs;
- Allergy Serum(covered through the medical plan);
- Therapeutic devices or appliances;
- Certain Compound Medications; and
- Drugs labeled “Caution-limited by Federal law to investigational use,” or experimental drugs, even though a charge is made to the individual and
- Drugs that are excluded in the formulary.

Member Pays the Difference

If you or your physician choose a brand name drug that has a generic equivalent, you will pay the difference between the cost of the brand name drug and the generic drug, plus the generic copay. This additional cost will apply even if your doctor has indicated “Dispense As Written” (DAW) on your prescription. To find the generic equivalent for the brand name drug you are taking, you may discuss this with your doctor or log in at www.optumrx.com and select Drug Lookup. When you enter the name of your medication this online tool will provide you with personalized cost-savings opportunities specific to your prescriptions and prescription drug plan. You may also call Optum Rx at (877) 629-3117, 24 hours a day, 7 days a week. You will need to have your doctor write a new prescription for the generic equivalent.

There is a coverage appeals process for clinical exceptions through Optum Rx, if you had an adverse reaction, allergy or sensitivity to generic equivalent, if you had a failed trial with generic equivalent, or if transitioning to a generic equivalent could result in destabilization or unnecessary risk to you. Your provider will need to file an appeal directly with Optum Rx. If the appeal is approved, you will only be responsible to pay the preferred brand copay. To initiate the appeal, your doctor should call Optum Rx at (877) 629-3117, and request to speak with the Prior Authorization area.

Formulary Clinical Exceptions

If your physician prescribes a non-preferred or excluded medication due to negative clinical results, such as an allergic reaction, that you experienced when using a preferred or generic medication, you may be eligible for coverage through a clinical exception. Your provider will need to request a Prior Authorization

from OptumRx. Your doctor should call OptumRx at (877) 629-3117, and request to speak with the Prior Authorization area. If the Prior Authorization is approved for a non-preferred drug, you will pay the preferred drug copay. If the Prior Authorization is approved for an excluded drug, you will pay the non-preferred drug copay.

Preventive Items and Services

Certain prescriptions intended to prevent illness and disease, as well as contraceptives, are covered at 100%. This applies to generic and certain single-source brand drugs as well as some over-the-counter (OTC) drugs (prescription required). A list of preventive drugs is available on the HR website at <https://hr.princeton.edu/thrive/health/2022-prescription-drug-plan>. The list of preventive drugs should be used as a guide, and is not a comprehensive list. This list is subject to change as Affordable Care Act (ACA) guidelines are updated or modified. You may contact OptumRx for more information and updates.

Prescription Coverage Under the CDHP

If you are covered under the CDHP, your prescription drug coverage is integrated with your medical plan coverage. This means that you pay the full cost of your non-preventive prescription drugs until you meet the CDHP annual deductible. If you use an OptumRx participating pharmacy, you will receive a discount.

There are certain prescription IRS-designated drugs that treat chronic conditions. For these IRS-designated drugs, you always pay only the appropriate copays or member pays the difference charges as they are not subject to the CDHP deductible. The copays count toward the out-of-pocket maximum (OPM). The OPM is integrated with medical plan coverage. The following list, which is subject to change, provides the therapeutic classes of prescription drugs considered preventive under federal guidelines:

- Anticoagulants
- Antihypertensive agents (high blood pressure)
- Asthma/COPD
- Cholesterol lowering agents
- Diabetes
- Heart disease
- Hepatitis C
- Immunosuppressant agents
- Mental health and substance abuse agents
- Prenatal vitamins

- Thyroid disease
- Osteoporosis

Specialty Medications

Some specialty medications are not covered at a retail pharmacy and may be purchased only through Optum Rx Specialty Services Pharmacy. Contact Optum Rx Specialty Services Pharmacy at 844-265-1761 to access these drugs.

Out-of-Pocket Maximum (OPM)

If you are enrolled under the Aetna HMO, Aetna or UnitedHealthcare Princeton Health Plan (PHP) or the Aetna J-1 Visa Plan, you have a separate annual OPM under the prescription plan of \$3,500 for an individual and \$7,000 for family. Once the member and/or family OPM is satisfied, no additional copayments are required for the remainder of the calendar year.

If you are enrolled under the Consumer Directed Health Plan (CDHP), your OPM is integrated with your medical plan coverage. Therefore, your OPM will combine your eligible prescription plan expenses plus your eligible medical plan expenses. Once you have reached your annual OPM, your eligible medical and prescription plan expenses will be covered at 100% through the end of the calendar year.

Your copays will track towards the OPM. However, penalties will not apply towards the OPM, such as the Home Delivery Incentive and Member Pays the Difference programs. Therefore, if you meet your OPM, you will still be charged the cost difference for the Member Pays the Difference program as well as the Home Delivery Incentive penalties.

Optum Rx Programs

Princeton University participates in prior authorization, step therapy, quantity duration, compound medication programs, and the Copay Card Solutions program. The conditions or drug categories that may require prior authorization, step therapy and/or quantity duration includes, but are not limited to the following:

- Acne
- Allergy and asthma
- Anti-influenza agents
- CNS stimulants/Strattera/amphetamines
- Depression therapy
- Erectile dysfunction therapy
- Multiple Sclerosis therapy
- Narcolepsy

- Proton pump inhibitors
- Pulmonary arterial hypertension therapy
- RSV agents (respiratory syncytial virus)
- Rheumatoid arthritis

To determine if a drug requires prior authorization, step therapy, and quantity during review, you may contact Optum Rx at (877) 629-3117.

An Optum Rx pharmacist may need to speak with the prescribing physician to ensure that the patient meets the criteria for the prescription prescribed. In addition, the quantity of some prescription medications dispensed may be limited based on FDA regulations in order to ensure patient safety. If your physician deems it necessary for your care and treatment, the physician may appeal these limits directly with Optum Rx. You or your provider may check with Optum Rx to verify covered prescription drugs, any quantity and/or age limits, prior authorization or other requirements of the Plan.

The Copay Card Solutions program leverages manufacturer copay assistance programs, commonly referred to as coupons, to reduce plan cost and offset member copays. The program has two components: 1) An Accumulator Adjustment, and 2) A Variable Copay Solution (VCS). The Accumulator Adjustment prevents coupon dollars from applying to members' out-of-pocket costs. The VCS reduces member and plan costs by varying copays to capture the benefit of coupons when members participate in the program. The Accumulator Adjustment applies to individuals enrolled in the Consumer Directed Health Plan, HMO, Princeton Health Plans (PHP), and J-1 Visa Plan. The VCS program is only for those enrolled in the HMO, PHP and J-1 Visa Plan. Specialty medications will be filled through the OptumRx Specialty Services Pharmacy.

Genetic Testing

Some prescription medications are not effective or require special dosages for certain patients. Optum Rx provides genetic testing for patients taking certain medications. Optum Rx will contact you if you are taking a product that has a genetic test available in the plan.

Other Important Information

Your Rights Under ERISA

For information about your rights under the Employee Retirement Income Security Act (ERISA) and other important information, see the *About Your Benefits* section of this Summary Plan Description Handbook.

The University reserves the rights to amend, suspend, or terminate its Prescription Drug Plan in whole or in part, at any time and for any reason. The University has full authority and discretion to construe, interpret and administer its plan. The plan is unfunded, and no employee or dependent shall have any right to, or interest in, any assets of the University which may be applied by the University to the payment of benefits. Neither the establishment of the plan, nor the provision of benefits to any person, shall be construed as giving an employee the right to be retained in the service of the University. The plan will be construed and enforced according to New Jersey State law.