



2024 STRS OHIO PRESCRIPTION DRUG PROGRAM OVERVIEW

About the STRS Ohio Prescription Drug Program

The STRS Ohio Prescription Drug Program provides prescription coverage for all STRS Ohio medical plan enrollees. The program, which is administered by CVS Caremark (CVS), offers enrollees cost savings and convenience in purchasing prescription drugs.

Medicare enrollees are covered by SilverScript, a Medicare Part D plan. SilverScript is an affiliate of CVS. Non-Medicare enrollees are covered by CVS Caremark. The annual deductible, maximum out-of-pocket limit and copayments/coinsurance are the same for both plans. Other coverage features may vary.

It's important to understand enrollees with Medicare are covered by the SilverScript Medicare Part D plan. Medicare does not allow enrollment in more than one

Medicare Part D plan. If you enroll in any other Medicare Part D plan or fail to pay any income-related surcharge required by Medicare, your STRS Ohio medical and prescription drug coverage will be canceled. Contact STRS Ohio before making any changes to your Medicare Part D coverage.

If you have questions about your coverage, please contact your plan directly:

- **SilverScript (Medicare)**
Toll-free: 800-756-6859
Website: info.caremark.com/oe/strsegwpretiree
- **CVS Caremark (Non-Medicare)**
Toll-free: 800-756-6841
Website: info.caremark.com/oe/strscommercialretiree

Where You Can Purchase Prescription Drugs

You can purchase covered prescription medications for a copayment/coinsurance through CVS network retail pharmacies or the CVS Mail Service Pharmacy. No claim form is needed when you use a network retail pharmacy or mail service.

You will pay the full cost of covered brand-name medications until the deductible is met. Once the deductible is met, you will pay the applicable copayment/coinsurance for covered brand-name drugs. Generic drug costs are not subject to nor applied to the deductible.

NETWORK RETAIL PHARMACIES

CVS offers a broad retail network of nearly 66,000 chain and independent pharmacies, including Kroger, as well as nearly 9,000 CVS pharmacies. You can use any network pharmacy; you are not limited to CVS store locations.

When you purchase your prescriptions through a network retail pharmacy, you pay a copayment/coinsurance at the time of purchase. (If the cost of the drug is less than the copayment, you pay the cost of the drug.)

MAIL SERVICE PHARMACY

When you purchase your prescriptions through the CVS Mail Service Pharmacy, you pay a copayment/coinsurance at the time of purchase. (If the cost of the drug is less than the copayment, you pay the cost of the drug.) Your prescriptions will be delivered to you by mail approximately 10 days from the date the prescription is approved for processing.

OUT-OF-NETWORK RETAIL PHARMACIES

If you use an out-of-network retail pharmacy, you pay the full price of the prescription at the time of purchase. After you submit a claim form to CVS, you will be reimbursed the discounted amount STRS Ohio would have been charged at a network pharmacy, less the applicable copayment/coinsurance.

(continued)

Your Prescription Drug Expenses

The amount you pay for prescription drugs varies depending on the type of medication you purchase and the type of pharmacy you use. To check the cost of a medication, contact SilverScript or CVS Caremark.

ANNUAL DEDUCTIBLE

There is a \$275 annual deductible per enrollee for covered brand-name drugs. An enrollee pays the full cost of these drugs until the deductible is met. Once the deductible is met, that enrollee pays the applicable copayment/coinsurance for the remainder of the year or until the maximum out-of-pocket limit is reached. **The deductible resets every Jan. 1.** Accumulated amounts do not carry over to the next calendar year. Additionally, generic drug costs are not subject to nor applied to the deductible.

YOUR MAXIMUM OUT-OF-POCKET LIMIT

The maximum out-of-pocket limit is \$4,000 per enrollee. This is the maximum annual amount an enrollee will pay in copayments/coinsurance/deductible for generic, preferred brand, non-preferred and specialty drugs. Once the maximum out-of-pocket limit is met, that enrollee pays nothing for covered drugs for the remainder of the year.

MAXIMUM DAY SUPPLY

- Medicare enrollees — Up to 90 days at retail; 90 days at mail order. Prior to acceptance in the Express Scripts Medicare Part D plan, the maximum retail supply is 31 days.
- Non-Medicare enrollees — 31 days at retail; 90 days at mail order.

Copayments/Coinsurance		
<i>If the cost of the drug is less than the copayment, you pay the cost of the drug.</i>		
Network Retail/Long-Term Care Pharmacy per 31-day Supply	Tier 1: Generic — \$10 Tier 2: Preferred Brand — \$30 (after deductible) Tier 3: Non-Preferred Drug — \$75 (after deductible for brand-name drugs) Tier 4: Specialty (High Cost) — Lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)*	You can receive a 90-day supply at any CVS Pharmacy, Longs Drugs or Navarro Discount Pharmacy for the same price as mail service. Low-Cost Generic Drug Program medications are included.
Mail Service Pharmacy	Low-Cost Generic Drug Program medications — \$9 Tier 1: Generic — \$25 Tier 2: Preferred Brand — \$75 (after deductible) Tier 3: Non-Preferred Drug — \$187.50 (after deductible for brand-name drugs) Tier 4: Specialty (High Cost) — Lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)	

*Non-Medicare enrollees must use CVS Specialty pharmacy. Medicare enrollees may use any specialty pharmacy.

COST-SAVING TIPS

- You will pay less for generic drugs compared to covered brand-name drugs.
- Low-Cost Generic Drug Program medications are available through the Mail Service Pharmacy for a \$9 copayment.
- Use network retail pharmacies for short-term medications.
- Use the Mail Service Pharmacy for maintenance medications and receive a 90-day supply for a lower copayment than three fills at retail.
- To save money, ask your doctor about generic or over-the-counter alternatives. If these options are not available, talk to your doctor about a covered brand-name drug, which still offers cost savings.

Know More About Your Plan

Certain drugs are subject to prior authorization and/or review to determine if alternate therapies have been tried. Other drugs are subject to quantity limits. If you have a question about a specific medication or need additional information, please contact SilverScript or CVS Caremark.