

Hilldrup Companies

PRESCRIPTION HEALTH PLAN

Member Brochure

Effective Date • April 1, 2025

Offered Plan

CHOICE PLAN

MedOne Pharmacy Benefit Solutions

1590 University Avenue

Dubuque, IA 52001

866-335-9057

www.medone-rx.com

CHOICE PLAN

*RX DEDUCTIBLE		RX OUT-OF-POCKET MAXIMUM	
Individual	$100	**Individual**	$4,000
Family	$300	**Family**	$8,000

Non-Embedded: Family must meet the entire deductible before co-pays apply.
***Rx Deductible only applies to Preferred Brand and Non-Preferred Brand Drugs

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost* between the generic and brand-name drug.

Retail Pharmacy

	1-31 DAY SUPPLY Filling for acute and maintenance medications	32-60 DAY SUPPLY Filling for maintenance medications only	61-90 DAY SUPPLY Filling for maintenance medications only
Generic	$15	$30	$45
Preferred Brand	DED then $25	DED then $50	DED then $75
Non-Preferred Brand	DED then $40	DED then $80	DED then $120

MedOne Mail Order Pharmacy

	1-31 DAY SUPPLY Filling for acute and maintenance medications	32-90 DAY SUPPLY Filling for maintenance medications only
Generic	$15	$30
Preferred Brand	DED then $25	DED then $50
Non-Preferred Brand	DED then $40	DED then $80

MedOne Specialty Pharmacy

	1-30 DAY SUPPLY For filling specialty medications
Specialty Medications	$400

Specialty Prescriptions • Copay Assist Program

Specialty medications are managed through the RxAlly program. Members can reach their dedicated Patient Care Coordinator at **877-794-2218** for assistance with acquiring specialty medications. Drugs that qualify for a copay assistance program will have a 30% coinsurance per drug per 30-day fill. Copay assistance programs cover most if not all of the coinsurance amount. Claim cost incurred by drugs included in this program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the copay assistance program. If you have actual out-of-pocket costs after the copay assistance program has paid, you will pay no more than your full specialty copay or coinsurance.

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ADDITIONAL PLAN INFORMATION

PremierOne Pharmacy Network

The plan includes all network pharmacies locally and nationwide. Register for the MedOne Member Portal at **www.medone-rx.com** to search for an in-network pharmacy or call MedOne at **866-335-9057** for assistance.

Member ID Card

Members will receive a combined medical/prescription benefit ID card from the medical administrator. This ID card contains important information the pharmacy needs to process your prescriptions.

ACA Covered Prescriptions · $0 Copay

Non-grandfathered plans may be required to cover certain preventive medications at a $0 cost share as required under the Affordable Care Act (ACA). Examples include bowel preps, breast cancer prevention, contraceptives, smoking cessation, select vaccines, statins for primary prevention of CVD, HIV preventives, vitamins, and other supplements. Age, quantity limits, and/or prior authorization may be required.

MEMBER RESOURCES

Talk to a Pharmacist

Schedule a call to talk with a pharmacist at **www.medone-rx.com/members#contact-us.**

MedOne Drug Look-Up Tool

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives. Go to **medone-rx.com/members/drug-lookup** to access this tool and enter in **HPINCHDRPC** when prompted. If you or your physician have questions about a medication or available alternatives, please call MedOne at **866-335-9057.**

LIMITATIONS

Drug Limitations

This list highlights common medications and their limitations and is not all-inclusive.

- Brand Proton Pump Inhibitors for ulcers /GERD limited to 1 capsule or tablet per day
- Cholesterol medications limited to 1 dose per day
- Migraine medications limited to 6 injections, 8-12 nasal spray doses, or 6-12 tablets (depending on package size) per 30 days
- Opioids limited to 200 MME per day
- Sleep agents limited to 1 dose per day
- Vaccines e.g., Influenza

Refill-Too-Soon Limitation

A retail prescription may not be refilled until at least 75% of a previously filled medication has been utilized or 60% of a mail order prescription has been utilized.

Drugs Requiring Prior Authorization

The following drug categories are subject to prior authorization. Your physician's office may obtain a prior authorization form by calling MedOne at **866-335-9057.** *This list is subject to change.*

- Standard drugs more than $1,000 for 1-83 day supply claims and $3,000 for 84+ day supply claims.
- Compounded drugs more than $100
- Brand-name ADHD / narcolepsy drugs
- Androgens
- Breast cancer chemo-prevention drugs
- HIV Preventatives
- Inhalation / nasal smoking cessation products
- Smoking cessation drugs (for treatment more than 6 months)
- Brand-name sexual dysfunction drugs
- Specialty medications for plaque psoriasis, atopic dermatitis, and alopecia

Excluded Drugs / Categories

This list highlights common plan exclusions but is not all-inclusive.

- Gene therapy
- Growth hormones
- Infertility medications
- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplements
- Ostomy supplies
- Over-the-counter (OTC) drugs (except those listed as covered)
- Products for cosmetic indications e.g., anti-wrinkle agents, Botox, and hair growth stimulants
- Weight loss medications

CLINICAL CARE

Step Therapy Program

This program ensures that the most appropriate and cost-effective medications are prescribed ahead of the plan approving brand medications. For the most current step therapy program information, register at **www.medone-rx.com.**

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