Client ID:	PRXUMAP15	**Coverage Code:**	PRXUMA0597
Effective Date:	01/01/2025	**Plan Description:**	Toba Inc. - Core Plan
Formulary Type:	NetResults	**Plan Type:**	Primary Plan
Coverage For:	Retail and Mail	**Mail Order Vendor:**	Prime Home Delivery

Day Supply Thresholds by Pharmacy Location

Retail Day Supply:	90	**Specialty Retail Day Supply:**	30
Mail Day Supply:	90	**Specialty Mail Day Supply:**	30
HSA Prev Retail Day Supply 90:	No		

Retail Pharmacy Copayments by Day Supply

Retail Day Supply	1 to 90	Stepped Copays Not Elected	Stepped Copays Not Elected
Preferred Generics:	10 %		
Non Preferred Generics:	10 %		
Preferred Brands:	10 %		
Non Preferred Brands:	10 %		

Mail Pharmacy Copayments by Day Supply

Mail Day Supply	1 to 90	Stepped Copays Not Elected	Stepped Copays Not Elected
Preferred Generics:	10 %		
Non Preferred Generics:	10 %		
Preferred Brands:	10 %		
Non Preferred Brands:	10 %		

HSA Preventive Copays

HSA Prev Drug Copay $0: Yes

Dispense as Written Penalties

DAW 1 - Prescriber Elects Brand, Member Pays Difference: No

DAW 2 - Member Elects Brand, Member Pays Difference: Yes

Prescription Benefit Accumulations

Embedded - Each person can meet their individual deductible/OOP max to initiate plan benefits.
(Requires one plan; Both of the Individual and Family fields to populated.)
Non-Embedded - The total family Deductible/OOP max must be paid out of pocket to initiate plan benefits.
(Requires two plans; Only one of the Individual or Family fields to populated.)

Accumulation Details

Accum Method:	Calendar Year	**Retail/Mail Combined:**	Combined
Embedded/Non Embedded:	Embedded		

Deductible - Prescription and Medical Combined

Individual:	$ 3,300.00	**Family:**	$ 6,600.00
Deductible Rx/Med Combined:	Yes	**Deductible Included in OOP:**	Yes
DAW Penalty Applies to Deductible:	No		

Deductible Doesn't Apply Options

Preferred Generic Non SPC:	No	**HSA Preventive:**	Yes
Non-Preferred Generic Non SPC:	No	**Custom:**	No
Preferred Brand Non SPC:	No	**Maintenance:**	No
Non-Preferred Brand Non SPC:	No	**Maintenance Insulin:**	No
Generic SPC & Non SPC:	No	**Specialty:**	No
Brand SPC & Non SPC	No		

Out of Pocket Maximum - Prescription and Medical Combined

Individual:	$ 5,000.00	**Family:**	$ 10,000.00
OOP Rx/Med Combined:	Yes	**DAW Penalty Applies to OOP:**	No
Lifetime OOP Rx/Med Combined:	No		

Plan Maximum - Prescription Only

Plan Max Rx/Med Combined:	No	**Plan Max Once Exceeded:**	N/A
Lifetime Plan Max Rx/Med Combined:	No		

Limitations

Max Cost Edit Applies:	Custom	**Specialty Programs:**	Exclusive Specialty
Max Cost per Transaction Retail:	$1500	**Specialty Fills Allowed at Retail:**	0
Max Cost per Transaction Mail:	$4500	**Refill Too Soon Retail:**	75%
Max Cost - Compounds:	Standard	**Refill Too Soon Mail:**	80%
Max Cost per Compound at Retail:	$300		
High Dollar $15,000 Edit :	Yes		
High Dollar Edit Comments:	Any claims exceeding this amount should reject for PA req'd and return the following Custom Message: PA reqd, please call 800-424-3312. Prime Therapeutics Clinical Note: Please contact If no PA criteria at MRx contact reid@paretocaptive.com for final plan cost approval after PA is approved by Clinical.		
Mail Order Program:			
Fills Before Mandatory Mail:	Voluntary	**Apply Mandatory Mail to:**	

Direct Member Reimbursement - Paper Claims

Direct Member Reimbursement:	Yes	**DMR Code:**	99CLN1 - Pay as Submitted
Brand Copay if no Gen.:	Brand	**OON Status:**	Not Covered

Allowed Overrides: recommended one (1) per member per medication every 6 months

Override Damaged:	Yes	**Damaged # of Mbr(s) Per Med:**	1	**Damaged Every (Months):**	6
Override Lost:	Yes	**Lost # of Mbr(s) Per Med:**	1	**Lost Every (Months):**	6
Override Stolen:	Yes	**Stolen # of Mbr(s) Per Med:**	1	**Stolen Every (Months):**	6
Override Vacation Supply:	Yes	**Vacation Supply # of Mbr(s) Per Med:**	1	**Vacation Supply Every (Months):**	6

Affordable Care Act Preventive Drug Lists

Grandfather Status:	Non-Grandfathered		
Aspirin:	Yes	**High Cholesterol:**	Yes
Bowel Prep:	Yes	**HIV Prep:**	Yes
Breast Cancer:	Yes	**Iron Supplements:**	Yes
Contraceptives:	Yes	**Tobacco Cessation:**	Yes
Fluoride Supplements:	Yes	**Vaccines:**	Yes
Folic Acid:	Yes		

Standard Drug Coverage

Alcohol Deterrents:	I	**Contraceptives:**	I	**Sexual Dysfunction:**	X
Allergy Extracts:	X	**Digital Therapeutics:**	X	**Vaccine Network:**	I
Anabolic Steroids:	X	**Growth Hormone:**	X	**Weight Loss Agents:**	X
Blood/Blood Products:	X	**Infertility:**	X		
Compound Drugs:	I	**Immune Serums:**	X		

Age Limits

Acne Products:	99	**Age Limit & Under:**	I	**Over Age Limit:**	I
ADD Drugs:	99	**Age Limit & Under:**	I	**Over Age Limit:**	I
Isotretinoin Accutane:	99	**Age Limit & Under:**	I	**Over Age Limit:**	I

Drug Coverage Options

High Cost Brands and Generics:	Exclude				
Ulcer Drug, PPI:	No	**Ulcer Drug, H2 Antagonists:**	No	**Non Sedating Antihistamines:**	No
Select Topical Acne:	No	**Nasal Steroids:**	No	**Vision Enhancement:**	No
COVID Test Kits:	No	**All Other:**	No		

Diabetic

Insulin:	I	**Lancets:**	I
Insulin Syringes:	I	**Test Strips & Continuous Glucose Monitors:**	I

Clinical Program Offerings			
Step Therapy:	Yes	**Prior Authorization:**	Yes
Specialty UM Edits:	Yes		
Value Max:	No	**Gender Dysphoria Coverage:**	No
Prime Therapeutics Select Savings:	Payer Matrix THIS GROUP HAS ENROLLED IN THE PAYER MATRIX SELECT SAVINGS PROGRAM – IF ASSISTANCE IS NEEDED THE MEMBER CAN CALL THE PAYER MATRIX CONTACT CENTER AT 877-305-6202.		
External Clinical Review Program:	ALL SPECIALTY DRUGS THAT REQUIRE PRIOR AUTH SHOULD HAVE THE FOLLOWING CUSTOM MESSAGE AT POS: MRX REVIEW SPECIALTY, IF APPROVED MOVE TO VENDOR TO REVIEW.		

Opioid Program			
Opioid Program:	Yes		
30 DS Max for Short Acting:	Yes	**1 SAO fills in 29 day period edit:**	Yes
7 DS Max for Naïve Members:	Yes	**MME Edit:**	Yes