

# Johns Hopkins University Pharmacy Benefit Plan Design

Formulary: Liberty

Customer Care: 1-844-306-4674



Please see below for Johns Hopkins University plan design offerings. For questions about what plan you are in, please contact Capital Rx at 1-844-306-4674.

| Core PPO Retiree Plan & LiUNA BU Network Only Plan Retirees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                 |                         |                                                                |                         |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|-------------------------|----------------------------------------------------------------|-------------------------|-------------------------|
| Plan Detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Benefit         |                         | Detail                                                         |                         |                         |
| Deductible:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | N/A             |                         | N/A                                                            |                         |                         |
| Annual Out of Pocket Max (Individual/Family)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | \$2,000/\$6,000 |                         | Your maximum out of pocket is combined with your medical plan. |                         |                         |
| Retail & In-House Copays (1-30 Days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |                         |                                                                |                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | % Amount        |                         | \$ Min/Max Copay Amount                                        |                         |                         |
| Tier 1 (Generic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | N/A             |                         | \$10                                                           |                         |                         |
| Tier 2 (Preferred Brands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 20%             |                         | \$30/\$45                                                      |                         |                         |
| Tier 3 (Non-Preferred Brands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 25%             |                         | \$60/\$100                                                     |                         |                         |
| Specialty Copay (1-30 Days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                 |                         |                                                                |                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | % Amount        |                         | \$ Min/Max Copay Amount                                        |                         |                         |
| Specialty Drugs (Generic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | N/A             |                         | \$10                                                           |                         |                         |
| Specialty Drugs (Preferred Brand)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 20%             |                         | \$30/\$45                                                      |                         |                         |
| Specialty Drugs (Non-Preferred Brand)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 25%             |                         | \$60/\$100                                                     |                         |                         |
| Mail Order Copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |                         |                                                                |                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 1-30 Days       |                         | 31-90 Days                                                     |                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | % Amount        | \$ Min/Max Copay Amount | % Amount                                                       | \$ Min/Max Copay Amount |                         |
| Tier 1 (Generic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | N/A             | \$10                    | N/A                                                            | \$25                    |                         |
| Tier 2 (Preferred Brands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 20%             | \$30/\$45               | 20%                                                            | \$75/\$112.50           |                         |
| Tier 3 (Non-Preferred Brands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 25%             | \$60/\$100              | 25%                                                            | \$150/\$250             |                         |
| Prepackaged Drugs (%Amount / \$Max Copay Amount)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |                         |                                                                |                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 1-30 Days       |                         | 31-60 Days                                                     |                         | 61-999 Days             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | % Copay         | \$ Min/\$ Max           | % Copay                                                        | \$ Min/\$ Max           | % Copay / \$ Min/\$ Max |
| Tier 1 (Generic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | N/A             | \$10                    | N/A                                                            | \$20                    | N/A / \$30              |
| Tier 2 (Preferred Brands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 20%             | \$30/\$45               | 20%                                                            | \$60/\$90               | 20% / \$90/\$135        |
| Tier 3 (Non-Preferred Brands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 25%             | \$60/\$100              | 25%                                                            | \$120/\$200             | 25% / \$180/\$300       |
| Special Coverage Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |                         |                                                                |                         |                         |
| <ul style="list-style-type: none"> <li>Migraine preventative medications are included at tier copay and bypass the deductible if applicable.</li> <li>Vaccines are to be covered at \$0 copay for all plans and bypass deductible if applicable.</li> <li>Select Healthcare Administered medications are covered and will adjudicate at Tier determined by the plan.</li> <li>Members can fill specialty medications through Johns Hopkins pharmacies or through Optum Specialty Pharmacy.</li> <li>ACA preventative drugs are free for all plans.</li> </ul> |  |                 |                         |                                                                |                         |                         |

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## Johns Hopkins University - Inclusions and Exclusions

### ACA Preventative Categories

#### Inclusions

|                                              |                                                      |                                                                            |                                       |
|----------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|
| ACA Breast Cancer Prevention<br>ACA HIV PrEP | ACA Medical Contraceptives<br>ACA OTC Contraceptives | ACA Prescription Contraceptives<br>ACA Preventive Medications (Rx and OTC) | ACA Tobacco Cessation<br>ACA Vaccines |
|----------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|

### Preventative Therapeutic Categories

#### Inclusions

|                                                                                                    |                                                                                                             |                                                                                                  |                                                                                 |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Antimicrobials<br>Anticonvulsants<br>Antipsychotics<br>Antivirals<br>Asthma/COPD<br>Cardiovascular | Chemical Dependency<br>Colonoscopy Preparations<br>Contraceptives<br>Dental Health/Prevention<br>Depression | Diabetic Medications<br>Diabetic Supplies<br>Immunizations<br>Immunosuppressants<br>Osteoporosis | Respiratory Supplies<br>Tobacco Cessation<br>Vitamins<br>Weight Loss<br>Women's |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

### General Therapeutic Categories

#### Inclusions

#### Exclusions

|                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                               |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Acne<br>ADHD<br>Anabolic Steroids<br>Anaphylactic Kits<br>Fertility non-oral and oral<br>Narcolepsy<br>Sexual Dysfunction - Hypoactive<br>Sexual Desire Disorder<br>Sexual Dysfunction non-oral and oral | Spacers<br>Syringes other than insulin<br>Tobacco Cessation OTC and Rx<br>Vaccines (Vaccines be covered at \$0 copay)<br>Vitamins: Multivitamins (requires a prescription)<br>Vitamins: Prenatal Vitamins (requires a prescription)<br>Weight Loss | Abortifacients<br>Allergen Extracts non-oral and oral<br>Cell and Gene Therapy<br>Cosmetic<br>Durable Medical Equipment (DME) | Immune Serums<br>IV Injectables<br>Nutrition<br>OTC<br>Other Blood Products |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

### Special Therapeutic Categories

#### Inclusions

|                                                                                                      |                                                                                 |                                                                                       |                                                                               |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Chemotherapy oral and injectable<br>Compounds (OTC)<br>Continuous Glucose Monitors<br>Contraceptives | Diabetic Medications & Supplies<br>Glucagon<br>Glucometers<br>Hemophilia Agents | Injectable Diabetic Medications<br>Injectables<br>Insulin<br>Insulin Pumps & Supplies | Insulin Syringes<br>Ketone Strips<br>Lancets & Lancing Devices<br>Test Strips |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|