

# 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.

LiUNA BU Network Only Plan						
Plan Detail		Benefit		Detail		
Deductible:		N/A		N/A		
Annual Out of Pocket Max (Individual/Family)		\$1,500/\$4,500		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	\$ Max Copay Amount		
Tier 1 (Generic)		N/A	\$10	\$25		
Tier 2 (Preferred Brands)		20%	\$30/\$45	\$75		
Tier 3 (Non-Preferred Brands)		25%	\$60/\$100	\$150		
Prepackaged Drugs (% Amount / \$ Max Copay Amount)						
		1-30 Days		31-60 Days		61-999 Days
		% Copay	\$ Min/\$Max	% Copay	\$ Min/\$ Max	% Copay
Tier 1 (Generic)		N/A	\$10	N/A	\$20	N/A
Tier 2 (Preferred Brands)		20%	\$30/\$45	20%	\$60/\$90	20%
Tier 3 (Non-Preferred Brands)		25%	\$60/\$100	25%	\$120/\$200	25%
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 ACA HIV PrEP	ACA Medical Contraceptives ACA OTC Contraceptives	ACA Prescription Contraceptives ACA Preventive Medications (Rx and OTC)	ACA Tobacco Cessation ACA Vaccines
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### Preventative Therapeutic Categories

#### Inclusions

Antimicrobials Anticonvulsants Antipsychotics Antivirals Asthma/COPD Cardiovascular	Chemical Dependency Colonoscopy Preparations Contraceptives Dental Health/Prevention Depression	Diabetic Medications Diabetic Supplies Immunizations Immunosuppressants Osteoporosis	Respiratory Supplies Tobacco Cessation Vitamins Weight Loss Women's
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### General Therapeutic Categories

#### Inclusions

#### Exclusions

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

#### Inclusions

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