



**Prescription Drug Benefits Under the State of
Maine Prescription Drug Program
Summary of Benefits**



State of Maine
Effective: July 1, 2021

**MedImpact Healthcare Systems, Inc. is the prescription benefit
manager of this plan.**

Pharmacy Benefit Manager	<p align="center">MedImpact Healthcare Systems, Inc. Customer Service: 888-672-7151 www.medimpact.com</p>			
Copayments / Member Responsibility		Retail 30 day	Choice 90 Retail	Mail Order (MedImpact Direct)
	Tier 1 (Generic)	\$10 copay	\$15 copay	\$15 copay
	Tier 2 (Preferred Brand)	\$30 copay	\$45 copay	\$45 copay
	Tier 3 (Non- Preferred Brand)	\$45 copay	\$70 copay	\$70 copay
	Tier 4 (Specialty)	25% coinsurance up to \$150	25% coinsurance up to \$225	25% coinsurance up to \$225
Lifestyle (Infertility / Erectile Dysfunction)	\$50 copay	\$75 copay	\$75 copay	
Diabetic Supplies & Insulins	<p>Out of Pocket Limit: \$4,600 single / \$9,200 family</p> <p><i>Prescription drug copayments/coinsurance are subject to the OOP limit; once the member and/or family OOP limit is satisfied, no additional copayments/coinsurance are required for the remainder of the calendar year. Patient Assistance Programs do not apply to the members maximum out of pocket benefit.</i></p>			
Retail Day Supply Limitations	<p>Copay Generic \$10 - Copay Preferred \$25</p> <p>Glucometers excluded – obtain free meter through manufacturer</p>			
Mail order and Retail Choice90 Day Supply Limitations:	<p>Up to 30-day supply</p> <p>Up to 90-day supply</p>			
Specialty Pharmacy: MedImpact Direct Specialty Pharmacy	<p>You may call MedImpact to learn more about MedImpact Direct Specialty Pharmacy and to determine if a specialty drug is covered, by calling Member Services at 1-877-391-1103.</p> <p>To order specialty medications from MedImpact Specialty Pharmacy please call 1-877-391-1103 toll-free or have your doctor call 1-800- 987-4904 between 8 a.m. and 8 p.m., Eastern Time, Monday through Friday</p>			
Refill Restrictions	<p>Plan participant must use 84% of medicine before refill permitted</p>			
Infertility Benefits	<p>Individual lifetime infertility cap of \$10,000</p>			
Out of Network Pharmacy	<p>Reimbursement is based on copays listed. Member will pay the difference between the pharmacy charge and the allowable costs. Member is required to pay 100% of the medication cost and then submit for reimbursement.</p>			