



**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 | MedImpact Healthcare Systems, Inc. Customer Service: 888-672-7151 www.medimpact.com | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------|-------------------------------|------------------|-------------------------------|------------------|------------|------------|------------|--------------------------|------------|------------|------------|------------------------------|------------|------------|------------|--------------------|-----------------------------|-----------------------------|-----------------------------|--|------------|------------|------------|
| Copayments / Member Responsibility | <table border="1"> <thead> <tr> <th></th> <th>Retail 30 day</th> <th>Choice 90 Retail</th> <th>Mail Order (MedImpact Direct)</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Generic)</td> <td>\$10 copay</td> <td>\$15 copay</td> <td>\$15 copay</td> </tr> <tr> <td>Tier 2 (Preferred Brand)</td> <td>\$30 copay</td> <td>\$45 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Non-Preferred Brand)</td> <td>\$45 copay</td> <td>\$70 copay</td> <td>\$70 copay</td> </tr> <tr> <td>Tier 4 (Specialty)</td> <td>25% coinsurance up to \$150</td> <td>25% coinsurance up to \$225</td> <td>25% coinsurance up to \$225</td> </tr> <tr> <td>Lifestyle (Infertility / Erectile Dysfunction)</td> <td>\$50 copay</td> <td>\$75 copay</td> <td>\$75 copay</td> </tr> </tbody> </table> <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 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 |
| | 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 | Copay Generic \$10 - Copay Preferred \$25 Glucometers excluded – obtain free meter through manufacturer | | | | | | | | | | | | | | | | | | | | | | | | |
| Retail Day Supply Limitations | Up to 30-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail order and Retail Choice90 Day Supply Limitations: | Up to 90-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty Pharmacy: MedImpact Direct Specialty Pharmacy | 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. 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| Refill Restrictions | Plan participant must use 84% of medicine before refill permitted | | | | | | | | | | | | | | | | | | | | | | | | |
| Infertility Benefits | Individual lifetime infertility cap of \$10,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| Out of Network Pharmacy | 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. | | | | | | | | | | | | | | | | | | | | | | | | |