IdealCare Platinum

Pharmacy Benefits Schedule of Coverage

The following information summarizes the benefits described in your Evidence of Coverage. It is important that you carefully read it so you are aware of plan requirements, provisions and limitations and exclusions.

*This health plan may synchronize refills for maintenance medications and pro-rate any cost-sharing amount charged for a prescription drug dispensed in a quantity that is less than a 30-day supply.

As a Health Maintenance Organization (HMO), IdealCare may impose copayment charges to supplement payment for health care services. A reasonable copayment option may not exceed 50% of the total cost of services provided. In addition, an HMO may not impose copayment charges in excess of 200% of the total annual premium cost in that calendar year paid by or on behalf of that enrollee. This limitation applies only if the enrollee demonstrates that copayments in that amount have been paid in that year.

Sendero prohibits step-therapy for prescription drugs used to treat stage-four advanced metastatic cancer or associated conditions. This prohibition only applies to a FDA-approved drug when its use is consistent with best practices for the treatment of stage-four advanced metastatic cancer or an associated condition and is supported by peer-reviewed, evidence-based literature.

Overall Payment Provisions	**In-Network Benefits**	**Out-of-Network Benefits**
Calendar Year Deductibles (applies to all Eligible Expenses including Pharmacy)	$0 Individual/$0 Family (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Out-of-Pocket Limits (applies to all Eligible Expenses including Pharmacy)	$3,350 Individual/$6,700 Family (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Maximum Lifetime Benefits – per participant	Unlimited (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Generic (Tier 1)	100% of Allowed Amount after a $10 Copayment per 30 day supply	No coverage for Out-of-Network Services
Preferred (Tier 2)	100% of Allowed Amount after a $10 Copayment per 30 day supply	No coverage for Out-of-Network Services
Non-preferred (Tier 3)	100% of Allowed Amount after a $10 Copayment per 30 day supply	No coverage for Out-of-Network Services

Specialty Drugs (Tier 4)	100% of Allowed Amount after a $100 Copayment per 30 day supply	No coverage for Out-of-Network Services
Preventive, includes Vaccinations obtained at the Pharmacy (Tier 6)	100% of Allowed Amount	No coverage for Out-of-Network Services

*Please see your Evidence of Coverage (EOC) for more information or contact the Pharmacy Help line at 1-866-333-2757.

“Allowed amount” means the maximum amount a plan will pay for a covered health care service. The allowed amount may also be called “eligible expense”, “payment allowance” or “negotiated rate”. If a provider charges more than the plan’s allowed amount and bills you for the difference, it is called balance billing. In-network providers may not balance bill you for covered services. If you are balance billed, please contact IdealCare at 1-844-800-4693.