

**Air Liquide Plan Design  
Plan Design Summary**

CARRIER	ACCOUNT	GROUP	DESCRIPTION	RETAIL COPAY	MAIL COPAY
6565	V180	0001	AIR LIQUIDE AMERICA CORP	\$5 / 20% with \$30 Min & \$60 Max/ 30% with \$60 Min & \$100 Max	\$10 / 20% with \$60 Min & \$120 Max/ 30% with \$120 Min & \$175 Max
6565	V180	0002	AIR LIQUIDE COBRA	\$5 / 20% with \$30 Min & \$60 Max/ 30% with \$60 Min & \$100 Max	\$10 / 20% with \$60 Min & \$120 Max/ 30% with \$120 Min & \$175 Max
6565	V180	0005	AIR LIQUIDE RET 65	\$10/\$30/\$60	\$10/\$45/\$95
6565	V180	0010	CHOICE EPO PLAN	\$5 / 20% with \$30 Min & \$60 Max/ 30% with \$60 Min & \$100 Max	\$10 / 20% with \$60 Min & \$120 Max/ 30% with \$120 Min & \$175 Max
6565	V180	0011	MG RETIREES	\$10/\$25/\$50	\$15/\$50/\$100
6565	V180	0014	BCBS	\$5 / 20% with \$30 Min & \$60 Max/ 30% with \$60 Min & \$100 Max	\$10 / 20% with \$60 Min & \$120 Max/ 30% with \$120 Min & \$175 Max
6565	V180	0022	CDH BASIC PLAN	20%	20%
6565	V180	0023	CDH OUT OF AREA BASIC PLAN	20%	20%
6565	V180	0024	CDH BASIC PLAN RETIREES	20%	20%

ADDL NOTE: 0022 & 0024 - \$3500 Ind & \$7,000 Fam annual deductible applies before 20% copays kick in.

ADDL NOTE: 0023 & 0025 - \$3500 Individual annual deductible applies before 20% copays kick in. (No Family ded).

Mandatory Maintenance Choice: All groups except 0005 and 0011

Retail Fill Restrictions: Mandatory: 0-2 fills allowed at retail

**Health Care Reform – Affordable Care Act**

- Single Source and generic Contraceptives - \$0 Copay (Effective 8/1/2012)
- Generic aspirin \$0 copay (age 45 or greater)
- Brand and generic Iron Supplements \$0 copay (age 6 – 12 months)
- Brand and generic Fluoride Supplements \$0 copay (age 6 and older)
- Tobacco Cessation \$0 copay
- Generic folic acid \$0 copay (age 55 and older)
- Colon Prep (ages 50-74)
- Vitamin D \$0 co-pay
- O/C Coverage SSB and generic

**Generic Programs**

- DAW 1 & DAW 2 Penalty – If member chooses brand when generic is available, differential plus brand co-pay

**Evidence Based Plan Design:** (Groups 0001, 0002, 0010, 0014, 0022 & 0023)

- Alere Diabetes program and receive \$0 generic co-pay
  - Covers: Diabetic Medications & Diabetic Supplies
  - Cholesterol
  - Hypertension
  - Heart Failure

**Appeals**

- Caremark manages both 1<sup>st</sup> and 2<sup>nd</sup> level appeals

## **Member Submitted Paper Claims**

- Submitted less applicable Co-pay

## **Utilization Management Programs**

- Quantity Limitations
  - Erectile Dysfunction
  - Oral Inhalers
  - Nasal Steroids
  - Migraine Agents (post-limit PA)
  - PPI (post-limit PA)
  - Oxycontin (post-limit PA)
- Prior Authorization
  - Anabolic Steroids
  - Lidoderm
  - Aczone
  - Antifungals
  - Testosterone Products
  - Topical Acne Agents
  - ADHD/ Narcolepsy
  - Antiobesity
  - Erectile Dysfunction
- **Step Therapy Program**
  - HPGST (1/1/13)
  - Acne TGST (1/1/14)

## **Additional Programs**

- Pharmacy Advisor Counseling – All Channels (IMP 1/1/2014)
  - Adherence to Drug Therapy – identifies and educates plan participants to improve or maintain adherence to medications used to manage chronic conditions
  - Gaps in Care
- POS safety review
- Safety & monitoring solution
- Retrospective safety review
- Comprehensive generic solutions (generic launch, Retail DAW 1&2, TrendRx generic launch alert & value drug savings tool)
- POS preferred product messaging
- Integrated health record

## **Specialty Pharmacy**

- Retail lock
- Specialty Guideline Management
- Specialty Preferred Drug Plan Design (PDPD) (effective 10/1/12) grandfathered indefinitely
  - Auto-Immune
  - MS
- Prior Authorization & Appeals