

Plan Name	PPO CORE	PPO BUY UP	HDHP
Plan Code	CT1HESW01R	CT1HESW02R	CT1HESW03R
Medical Vendor/Carrier Name	Aetna	Aetna	Aetna
Accumulations			
Deductible	N/A	N/A	\$2,800/\$5,600
Ded Embedded or Non-Embedded	N/A	N/A	Embedded
Combined with Medical	No	No	Yes
Maximum Out of Pocket (MOOP)	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000
MOOP Embedded or Non-Embedded	Embedded	Embedded	Embedded
Combined with Medical	Yes	Yes	Yes
Maximum Allowable Benefit (MAB)	30000	30000	30000
Copay/Coinsurance			
Retail Copay			
Generic	\$15	\$15	20%
Preferred Brand	\$30	\$30	20%
Non-Preferred	\$50	\$50	20%
Mail Copay			
Generic	\$30	\$30	20%
Preferred Brand	\$60	\$60	20%
Non-Preferred	\$150	\$150	20%
Specialty Copay			
Generic	\$15	\$15	20%
Preferred Brand	\$30	\$30	20%
Non-Preferred	\$50	\$50	20%
HDHP/HSA Preventive Drug List	No	No	No
HDHP/HSA Preventive List Bypass Deductible	No	No	No
Dispense as Written (DAW) Rules			
DAW 1 (Physician Mandated Brand) penalty	No	No	No
Member Pays DAW penalty plus	Not Applicable	Not Applicable	Not Applicable
DAW 2 (Patient Mandated Brand) penalty	Yes	Yes	Yes
Member Pays DAW penalty plus	Highest Formulary Tier	Highest Formulary Tier	Highest Formulary Tier
Processing Rules			
Retail			
Max Day Supply	30	30	30
Max Dollar Limit	NA	NA	NA
Minimum Copay Logic	Yes, Lower of Logic	Yes, Lower of Logic	Yes, Lower of Logic
Refill Threshold	75%	75%	75%
Mail			
Max Day Supply	90	90	90
Max Dollar Limit	NA	NA	NA
Minimum Copay Logic	Yes, Lower of Logic	Yes, Lower of Logic	Yes, Lower of Logic
Refill Threshold	60%	60%	60%
Specialty			
Max Day Supply	30	30	30
Max Dollar Limit	NA	NA	NA

Minimum Copay Logic	Yes, Lower of Logic	Yes, Lower of Logic	Yes, Lower of Logic
Refill Threshold	75%	75%	75%
Benefit Set Up			
Electronic Coordination of Benefits	No	No	No
Enhanced Savings Program	No	No	No
Onsite Pharmacy	No	No	No
HCR Preventative Drug List	Yes	Yes	Yes
HCR Smoke Cessation Step Therapy	Yes	Yes	Yes
HCR Breast Cancer Prior Authorization	Yes	Yes	Yes
HCR Statin Prior Authorization	Yes	Yes	Yes
HCR HIV PrEP Prior Authorization	Yes	Yes	Yes
Grandfathered vs. Non-Grandfathered	Non-Grandfathered	Non-Grandfathered	Non-Grandfathered
Manual/Paper Claims & Reimbursement			
Direct Member Reimbursement (DMR)	Yes- Contracted Minus Copay	Yes- Contracted Minus Copay	Yes- Contracted Minus Copay
Manual Coordination of Benefits (COB)	Yes- Contracted Minus Copay	Yes- Contracted Minus Copay	Yes- Contracted Minus Copay
Out-of-Network (OON)	Yes- Contracted Minus Copay	Yes- Contracted Minus Copay	Yes- Contracted Minus Copay
Foreign	Yes- Submitted Cost Minus Copay	Yes- Submitted Cost Minus Copay	Yes- Submitted Cost Minus Copay
Networks/Maintenance Program			
Retail Network	Broad	Broad	Broad
Maintenance/Retail 90 Program	Not Applicable	Not Applicable	Not Applicable
Home Delivery Program	Standard	Standard	Standard
Retail Grace Fills	Not Applicable	Not Applicable	Not Applicable
Hassle-Free Fill (HFF)/Automatic Refill Program	Yes	Yes	Yes
Specialty			
Specialty Network	Optum Specialty- Exclusive	Optum Specialty- Exclusive	Optum Specialty- Exclusive
Preferred Copay Cards (PCCA)	Yes	Yes	Yes
Accumulator Adjustment (CCAA)	Yes	Yes	Yes
Variable Copay (VCS)	No	No	No
Smart Fill Program	Both Split Fill & 90 Day	Both Split Fill & 90 Day	Both Split Fill & 90 Day
Medical Benefit Optimization (MBO)	No	No	No
HT Specialty Risk Pool (VMP)	No	No	No
Clinical Programs			
Clinical Bundle	Bundle 1: Medication Safety Management/Care Gap Management + Meds on Track	Bundle 1: Medication Safety Management/Care Gap Management + Meds on Track	Bundle 1: Medication Safety Management/Care Gap Management + Meds on Track
Retrospective Intervention Program (RDUR)	Medication Safety & Care Gap	Medication Safety & Care Gap	Medication Safety & Care Gap
Meds on Track (Medication Adherence)	Yes	Yes	Yes
HIV Personalized Rx Counselor	No	No	No
Personalized Rx Counselor (previously Medication Therapy Management)	No	No	No
OptumRx Diabetic Management Program	No	No	No

Third Party Diabetic (Enter Vendor Name or N/A)	Yes; Aetna	Yes; Aetna	Yes; Aetna
Advanced Pharmacy Audit Services (APAS)	No	No	No
Opioid Risk Management	2) Plan Participation Education	2) Plan Participation Education	2) Plan Participation Education
Opioid Narrow Refill Window	Yes	Yes	Yes
Orphan Drug Program	No	No	No
Critical Drug Affordability	No	No	No
Polypharmacy Value Management	No	No	No
Vigilant Drug List (VDL) Programs			
Pain Patches and Cream	Implemented as Exclusion	Implemented as Exclusion	Implemented as Exclusion
Non-FDA Approved and Out of Scope	Implemented as Exclusion	Implemented as Exclusion	Implemented as Exclusion
Clinical Duplicates	Implemented as Exclusion	Implemented as Exclusion	Implemented as Exclusion
High Cost Brands with Generics	Implemented as Exclusion	Implemented as Exclusion	Implemented as Exclusion
High Cost Generics	Implemented as Exclusion	Implemented as Exclusion	Implemented as Exclusion
Medical Benefits Specialty List	Implemented as Exclusion	Implemented as Exclusion	Implemented as Exclusion
Emerging Trend Management Program (ETMP)	Did not implement	Did not implement	Did not implement
Compounds			
Multi-Ingredient Compounds Covered	Yes	Yes	Yes
Compound Management Strategy Component	Compound Kit AND Bulk Chemical† Exclusion Lists AND Drug-Specific Prior-Authorization	Compound Kit AND Bulk Chemical† Exclusion Lists AND Drug-Specific Prior-Authorization	Compound Kit AND Bulk Chemical† Exclusion Lists AND Drug-Specific Prior-Authorization
Retail High Dollar Limit Amount	\$200	\$200	\$200
Drug Coverage			
Diabetic Products	Covered	Covered	Covered
Family Planning	Covered	Covered	Covered
Medical Supplies	Covered	Covered	Covered
Miscellaneous	Covered	Covered	Covered
OTC Products	Covered	Covered	Covered
Vaccines	Covered	Covered	Covered
Vitamin/Nutritional Products	Covered	Covered	Covered
Formulary & Utilization Management			
Formulary	Premium	Premium	Premium
Prior Authorization	Premium Comprehensive	Premium Comprehensive	Premium Comprehensive
Quantity Limit	Premium Comprehensive	Premium Comprehensive	Premium Comprehensive
Step Therapy	Premium Comprehensive	Premium Comprehensive	Premium Comprehensive
Oral Chemo Parity Tier Elective	No	No	No
Specialty Control UM	No	No	No
Prior Authorization & Appeals			
Appeals Level 1	Yes	Yes	Yes
Appeals Level 2	Yes	Yes	Yes
IRO/External Appeals	Yes	Yes	Yes
DAW Penalty Review	No	No	No
Tier Lowering Review	No	No	No
ERISA	Yes	Yes	Yes
Eligibility			
ID Cards	OptumRx	OptumRx	OptumRx

Eligibility Vendor	Ultimate Software, Inc, HRPro	Ultimate Software, Inc, HRPro	Ultimate Software, Inc, HRPro
COBRA Vendor	Ultimate Software, Inc, HRPro	Ultimate Software, Inc, HRPro	Ultimate Software, Inc, HRPro
Retiree Population	No	No	No
Retiree Drug Subsidy (RDS)	No	No	No

