

Upper Merion Area School District Pharmacy Benefit Plan Design

Formulary: Liberty (Closed)
Customer Care: 1-833-599-1007



Please see below for Upper Merion Area School District plan design offerings. For questions about what plan you are in, please contact Capital Rx at 1-833-599-1007.

PC215, C1F101-C2F101					
Plan Detail		Benefit		Detail	
Deductible:		N/A		N/A	
Annual Out of Pocket Max (Individual/Family)		\$6,100/\$11,700		Your maximum out of pocket is not combined with your medical plan.	
Retail Copays					
		1-90 Days			
Tier 1 (Generic)		\$5			
Tier 2 (Preferred Brands)		\$30			
Tier 3 (Non-Preferred Brands)		\$55			
Specialty Copays					
		1-30 Days			
Specialty Drugs (Generic)		\$5			
Specialty Drugs (Preferred Brands)		\$30			
Specialty Drugs (Non-Preferred Brands)		\$55			
Mail Order Copays					
		31-90 Days			
Tier 1 (Generic)		\$5			
Tier 2 (Preferred Brands)		\$30			
Tier 3 (Non-Preferred Brands)		\$55			
Special Coverage Rules					
<ul style="list-style-type: none"> To find out what medications are on your formulary, please call your dedicated Customer Care team at 1-833-599-1007 or log in to your member portal at https://cap-rx.com/login to find out more information. Copays for certain Non-Specialty Brand drugs may be lowered by enrolling in a manufacturer copay assistance program. 					
General Therapeutic Categories					
Inclusions		Exclusions			
Acne ADHD Anaphylactic Kits Chemotherapy, injectable Chemotherapy, oral Continuous Glucose Monitors Fertility, oral Glucagon Glucometers Hemophilia Agents Injectable Diabetic Medications Injectables Insulin Insulin Pumps & Supplies	Insulin Syringes Lancets & Lancing Devices Narcolepsy Sexual Dysfunction - Hypoactive Sexual Desire Disorder Sexual Dysfunction, oral Spacers Syringes other than insulin Test Strips Tobacco Cessation Vaccines (preventative and routine vaccines only) Vitamins: Prenatal Vitamins (requires a prescription)	Abortifacients Allergen Extracts, non-oral Allergen Extracts, oral Anabolic Steroids Cell and Gene Therapy Cosmetic Fertility, non-oral Immune Serums IV Injectables	Ketone Strips OTC Other Blood Products Sexual Dysfunction, non-oral Vitamins: Multivitamins (requires a prescription) Weight Loss		

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PC 215					
Plan Detail		Benefit		Detail	
Deductible:		N/A		N/A	
Annual Out of Pocket Max (Individual/Family)		\$5,400/\$10,800		Your maximum out of pocket is not combined with your medical plan.	
Retail Copays					
		1-90 Days			
Tier 1 (Generic)		\$5			
Tier 2 (Preferred Brands)		\$30			
Tier 3 (Non-Preferred Brands)		\$55			
Specialty Copays					
		1-30 Days			
Specialty Drugs (Generic)		\$5			
Specialty Drugs (Preferred Brands)		\$30			
Specialty Drugs (Non-Preferred Brands)		\$55			
Mail Order Copays					
		31-90 Days			
Tier 1 (Generic)		\$5			
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