

FRESNO UNIFIED SCHOOL DISTRICT

TO: PARTICIPANTS OF THE FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN
FROM: JOINT HEALTH MANAGEMENT BOARD
SUBJECT: EMPLOYEE HEALTH CARE PLAN AMENDMENT 2017-1 – PRESCRIPTION TIERS
DATE: DECEMBER 1, 2016

This notice defines changes to the Fresno Unified School District Employee Health Care Plan **EFFECTIVE JANUARY 1, 2017**. The Joint Health Management Board of the Fresno Unified School District has modified the prescription drug benefit copay tier structure and the amount of days for which you can receive supplies, as described below. **NOTE: This does NOT apply to the EnvisionRx *Plus* Medicare Part D Prescription Plan.**

PRESCRIPTION DRUG PLAN SCHEDULE OF BENEFITS FOR PLAN OPTIONS ‘A’ AND PLAN ‘B’

Copay Tier Structure

TIERS	30 DAY RETAIL COPAYMENT	90 DAY RETAIL AND MAIL ORDER COPAYMENT	SPECIALTY MEDICATION COPAYMENT
Tier 1 Generic: Medications that are used for treating hyperlipidemia, hypertension, diabetes, and depression	\$0	\$0	\$10
Tier 2 Generic: All other categories of covered, Generic medications.	\$10	\$20	
Tier 3 Preferred Brand: Preferred Brand Name medications	\$35	\$70	\$35
Tier 4 Non-Preferred Brand: Non preferred Brand name Medications	\$50	\$100	\$50

Available Day Supplies

30 day and 90 day supplies of medications at retail pharmacies. 90 day supplies of medication at mail order.

For More Information

Should you have additional questions on any of these updates within your prescription drug benefit, please contact the EnvisionRxOptions Customer Service Help Desk at 1-800-361-4542. The Help Desk is able to assist you with prescription questions 24 hours a day/7 days a week.