
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 2018-3 | EFFECTIVE JANUARY 1, 2018
 PRESCRIPTION DRUG FORMULARY
DATE: JANUARY 15, 2018

This notice defines changes to the Fresno Unified School District Employee Health Care Plan **EFFECTIVE JANUARY 1, 2018**. The Joint Health Management Board of the Fresno Unified School District has modified the **prescription drug benefit by adopting EnvisionRx’s Select Formulary**, as described below.

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

Effective January 1, 2018, the prescription drug benefit is changing from the ‘Standard’ formulary to the ‘Select’ formulary. The Plan’s existing 4 copay tiers remain, however the drugs available within those tiers may change based on the latest EnvisionRx standards.

EnvisionRx determines which drugs are placed on the Select formulary. In compiling the formulary, the EnvisionRx pharmacy and therapeutics committee, a group of both internal and external physicians and pharmacists, selects drugs from virtually all therapeutic types, and bases its decisions upon such factors as effectiveness, cost, quality, safety and potential side effects. All therapeutic classes on the formulary will have at least one medication in either the generic or brand name tier.

The list of medications on the Select formulary is extensive and is updated periodically. A copy of the formulary is available by going online at www.envisionrx.com (select “Providers”, then “Prescribers”, then “Covered Drug Lists”, and choose “Select Formulary”.)

Prescription Plan Copays			
Tiers	30-Day Retail Copay	90-Day Retail and Mail Order Copay	30-Day Specialty Medication Copay
Tier 1 Generic: Medications that are used for treating high cholesterol, high blood pressure, 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

For additional information on the Select formulary, please contact EnvisionRx at 1-800-361-4542.