

**Client:** Montgomery County  
**Coverage Period:** 1/1/2025 – 12/31/2025  
**Summary of Benefits and Coverage:** What this plan covers and what it costs



**Plan Type: ACTIVE**

Employees and Retirees under 65 years old

Common Medical Event: If you need drugs to treat your illness or condition													
Generic Drugs			Preferred Brand Drugs			Non-Preferred Brand Drugs			International Penalty		Specialty		
Retail 30 Copay	Retail 90 Copay	Mail Order Copay	Retail 30 Copay	Retail 90 Copay	Mail Order Copay	Retail 30 Copay	Retail 90 Copay	Mail Order Copay	Retail Copay	Mail Order Copay	Generic	Preferred	Non-Preferred Brand
\$0	N/A	\$0	\$20	N/A	\$40	\$40	N/A	\$80	\$60	\$120	\$0	\$20	\$40
Limitations & Exceptions													
<p>More information about Prescription Drug Coverage is available at <a href="http://www.arayarx.com">www.arayarx.com</a></p> <p><b>Pharmacy Out of Pocket Maximum</b></p> <ul style="list-style-type: none"> <li>Individual \$1,320</li> <li>Family \$2,640</li> </ul>						<ul style="list-style-type: none"> <li>Up to a 30 day supply of medication is available at your community pharmacy</li> <li>May receive up to a 90 day supply of your medication when using mail order</li> <li>Preventative Medications covered at no copayment<sup>2</sup></li> <li>Smoking Deterrents covered at no copayment<sup>3</sup></li> <li>Contraception covered at no copayment<sup>1</sup></li> <li>Fertility Medications are excluded</li> <li>Drugs for cosmetic purposes are excluded</li> <li>Patients may receive certain brand name medications through Montgomery Meds program for no copay. Drugs on that list will require a \$60 retail copay if filled at community pharmacy or a \$120 copay through mail order pharmacy after two fills. List of medications and instructions can be viewed at <a href="http://www.canarx.com/MontgomeryMeds/">http://www.canarx.com/MontgomeryMeds/</a> or by calling 1-866-893-6337.</li> <li>Patients may receive certain brand name and specialty medications through True North for \$0 copay. Drugs on that list will require a \$60 retail copay if filled at community pharmacy or a \$120 copay through mail order pharmacy after two fills. Enrollment into the program can be obtained by filling out the following form <a href="https://hipaa.jotform.com/montgomerycounty">https://hipaa.jotform.com/montgomerycounty</a> for more information call 1-844-681-8783.</li> </ul>							

<sup>1</sup>Contraception includes medications that require a prescription for example oral contraception, contraception patches and injectable contraception. This does not include abortifacients, whether prescription or over-the-counter, condoms or other over the counter devices. Brand contraceptive medications with generic alternatives will be charged a third tier copayment. <sup>2</sup>ACA Preventative Medications include: Aspirin for Men ages 50-69 and Women ages 12-69; Fluoride 6 months to 10 years; Iron Supplements ages 0 – 12 months; Folic Acid Women of child bearing age 12-60; not in combination; Breast Cancer prevention for Women age 35 and older; Colonoscopy prep ages 50-85 one time per year; Vitamin D age 65 or older; Cardiovascular Disease prevention age 40-75, once daily. Your employer also includes other commonly used generics in certain therapeutic categories. <sup>3</sup>Smoking Deterrents restrictions per calendar year: 18 years and older; up to 180 days per year: Nicotrol Nasal Spray; Nicotrol Inhaler; Nicorette Gum; upropion HCL; Nicotine Transdermal System; Chantix

**Questions? Please call 1-866-352-5171 or visit [www.arayarx.com](http://www.arayarx.com)**