



EXPRESS SCRIPTS®



Get the most from your
Foreign Service Benefit Plan



FOREIGN SERVICE BENEFIT PLAN

Caring For Your Health Worldwide®



At Express Scripts, the company chosen by **FSBP** to manage your prescription benefit, your health is important to us. We know there's a person behind every prescription we fill, and we're ready to serve you.

Welcome to Express Scripts

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When you use home delivery from Express Scripts® Pharmacy, you can count on:

- Up to a 90-day supply of your medicines
- Free standard shipping in a plain weather-resistant, tamper-evident pouch
- Flexible payment options and auto refills
- A registered pharmacist available at any time, day or night, year round
- Refill orders placed at your convenience, by telephone or online

Your benefit at a glance

You have choices when it comes to having your prescriptions filled. Express Scripts ensures that you have access to high-quality, cost-effective medicines through a network of retail pharmacies and by offering convenient home delivery of your maintenance medicines – those medicines you take on an ongoing basis – through Express Scripts® Pharmacy. Your costs out-of-pocket are based on the type of prescription you have filled and where you have it filled:

FOREIGN SERVICE BENEFIT PLAN (FSBP)

Participating retail pharmacy copayments/coinsurance (up to a 30-day supply)

Tier I: \$10 for each generic drug

Tier II: 25% (\$30 minimum and \$100 maximum) for each preferred brand-name drug

Tier III: 35% (\$60 minimum and \$200 maximum) for each nonpreferred brand-name drug

Participating Smart90 retail network pharmacy copayments/coinsurance (90-day supply)

Tier I: \$15 for each generic drug

Tier II: \$60 for each preferred brand-name drug

Tier III: 35% (\$80 minimum and \$500 maximum) for each nonpreferred brand-name drug

Note: For additional information about the Smart90® Program, please see page 6.

Specialty Drug copayments/coinsurance at a participating retail pharmacy (up to a 30-day supply)

Tier IV: 25% (\$150 maximum) for each generic drug

Tier V: 25% (\$200 maximum) for each preferred brand-name drug

Tier VI: 35% (\$300 maximum) for each nonpreferred brand-name drug

Express Scripts® Pharmacy copayments/coinsurance (up to a 90-day supply)

Tier I: \$15 for each generic drug

Tier II: \$60 for each preferred brand-name drug

Tier III: 35% (\$80 minimum and \$500 maximum) for each nonpreferred brand-name drug

Specialty Drugs from Accredo copayments/coinsurance (up to a 90-day supply)

Tier IV: 25% (\$150 maximum) for each generic drug

Tier V: 25% (\$200 maximum) for each preferred brand-name drug

Tier VI: 35% (\$300 maximum) for each nonpreferred brand-name drug

Your preferred medicines

FSBP and Express Scripts have worked together to develop a list of drugs covered under your plan and referred to in this booklet as a formulary. Your formulary offers a wide selection of generic and brand-name prescription drugs chosen to help keep prescription drug costs down. You can find **FSBP**'s complete formulary at express-scripts.com.

If you currently are taking a medicine that is not on your formulary, then it is not covered. Your prescriber can prescribe an alternative.

The FSBP has coverage limits

The information below describes a feature of your Plan known as prescription drug utilization management. This program determines how the Plan will cover certain medicines. Prescription drug utilization management uses Plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective. Prescription drug utilization management programs also help ensure that you receive the prescription drugs you need at a reasonable cost.

Prior authorization review

You must get prior authorization for certain medicines, which must be renewed periodically. Some of these medicines may be covered with limits (see below), provided that you receive approval through a coverage review. Examples of drug categories requiring prior authorization include, but are not limited to, growth hormones, certain hormone therapies, interferons, erythroid stimulants, anti-narcoleptics, sleep aids, migraine medicine, weight loss medicines, opioids, and oncologic agents. During this review, Express Scripts will ask your doctor for more information than what is on the prescription before the medicine may be covered under the Plan. If coverage is approved, you simply pay your normal copayment/coinsurance for the medicine. If coverage is not approved, you will be responsible for the full cost of the medicine.

Quantity management

If you submit a prescription for a medicine that has quantity limits, your pharmacist can dispense up to the allowable amount. Approval is needed before additional quantities can be filled. To arrange a review, please ask your doctor to call Express Scripts toll free at **800.417.1764**, 8 a.m. to 9 p.m., Monday through Friday, Eastern Time. Unless your doctor obtains approval, you will be responsible for the cost of the medicine that exceeds the quantity allowed by your Plan. Express Scripts will notify you and your doctor of the decision.

The Plan will participate in other approved managed care programs, as deemed necessary, to ensure patient safety and appropriate quantities in accordance with the Plan rules and FDA-approved guidelines as referenced above.

Medicines with \$0 copays as a result of the Affordable Care Act

The Affordable Care Act requires plans to fill certain medicines at \$0 copay. Among the medicines you can obtain without paying a copay are certain FDA-approved women's oral contraceptives and other contraceptive methods (including diaphragms, cervical caps, vaginal rings, contraceptive hormonal patches and injectable contraceptives).

In addition, the Plan covers medicines to promote better health recommended under the Affordable Care Act (ACA, visit: www.healthcare.gov/what-are-my-preventive-care-benefits) and have an "A" or a "B" recommendation from the United States Preventive Services Task Force (USPSTF, visit <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>). To receive this benefit in the United States, you must use a network retail pharmacy and present a U.S. licensed prescriber's written prescription to the pharmacist. Benefits are not available for Tylenol, Ibuprofen, Aleve, etc.

Tobacco cessation drugs available with \$0 copay

Prescription and over-the-counter tobacco cessation drugs and medicines approved by the FDA to treat tobacco dependence are covered with a \$0 copay. (Note: These require a U.S. licensed prescriber's written prescription to be purchased in the U.S.)

Filling your prescriptions

You have two ways to fill your prescriptions, depending on your medicine needs. For long-term medicine needs – for example, drugs used to treat high blood pressure or diabetes – home delivery from Express Scripts® Pharmacy is the convenient, safe way to get your prescription. For short-term medicine needs, such as antibiotics for strep throat or pain relievers for an injury, filling at a participating retail pharmacy is optimal. Both options are detailed below.

Using home delivery from Express Scripts® Pharmacy

For long-term medicine needs, Express Scripts® Pharmacy offers the best value for the prescription drugs you take regularly to treat ongoing conditions. Your medicines are delivered safely and conveniently to your home.

Three ways to get started with home delivery

An Express Scripts® Pharmacy order form was included in your Welcome Kit with this **FSBP** handbook. You can print additional forms if needed or start home delivery by visiting express-scripts.com or by calling **800.818.6717**.

1 Online

- Ask your doctor to send Express Scripts your prescriptions electronically (commonly called e-prescribing).
- Ask your doctor to write a prescription for up to a 30-day supply and fill it immediately at your local pharmacy.
- After you've filled your 30-day prescription, go to express-scripts.com, and follow the prompts to set up your account.
- When your registration is complete, you will be notified of an opportunity to save on your new prescription and any other savings opportunities you may have. Follow the prompts and Express Scripts will contact your doctor to obtain a prescription for up to a 90-day supply of your medicine.

2 By mail

- Ask your doctor to write two prescriptions: one for up to a 30-day supply that you can fill immediately at your local pharmacy; one for up to a 90-day supply of your medicine, plus refills for up to one year.
- Complete an order form for home delivery from the Express Scripts® Pharmacy. You can print a form from express-scripts.com once you have registered.
- Return the completed order form, your written prescription for your 90-day supply and payment¹ to the address on the form:

Express Scripts Home Delivery Services

P.O. Box 747000

Cincinnati, OH 45274-7000

1 To help avoid delays in filling your prescription, be sure to include payment with your order.

3 By fax from your doctor

- Ask your doctor to write two prescriptions: one for up to a 30-day supply that you can fill immediately at your local pharmacy; one for up to a 90-day supply of your medicine, plus refills for up to one year.
- Complete a home delivery order form. You can print a form from express-scripts.com.
- Have your doctor or a member of your doctor's staff fax your completed order form to Express Scripts at **888.327.9791**. Faxes must be sent from your doctor's office. Faxes from other locations, such as your home or workplace, cannot be accepted.

Free standard delivery from the Express Scripts® Pharmacy

Your medicine will be mailed to your home via standard U.S. Postal Service delivery at no charge,² within five business days from the day we receive the prescription. Your medicine will arrive in a plain, weather and tamper-proof pouch, with packaging accommodations made for temperature control if needed.

² Overnight delivery is available, at an additional cost.

Using a participating retail pharmacy

For short-term medicine needs, a participating retail pharmacy is your most convenient option. When filling prescriptions that you need immediately, simply present your **FSBP** member ID card and written prescription to your pharmacist and pay your copayment as shown on page 2.

You can locate your nearest participating retail pharmacy at any time by logging in at [express-scripts.com](https://www.express-scripts.com) and choosing “Find a Pharmacy” from the menu under “Prescriptions.” You can also use the Express Scripts® mobile app or call **800.818.6717**.

- Smart90® Program: To avoid paying full cost for your non-specialty maintenance prescription medications (drugs you take regularly for ongoing conditions) after two 30-day retail courtesy fills, you must obtain a 90-day supply at a participating Smart90 Retail Network pharmacy through the Smart90 Program or through home delivery from Express Scripts® Pharmacy. You can transfer your non-specialty maintenance prescription medications to a participating Smart90 Retail Network pharmacy. The pharmacist can contact your doctor to get a new 90-day prescription or have your doctor write a new prescription for 90-day supply and take it to a participating Smart90 Retail Network pharmacy.
- Your copayment/coinsurance for your 90-day supply will be the same whether you fill your prescriptions through home delivery from Express Scripts Pharmacy or at a participating Smart90 Retail Network pharmacy. After two courtesy fills at retail, you will pay full cost of maintenance medications if you do not obtain your prescription from Express Scripts Pharmacy or a participating Smart90 Retail Network pharmacy.
- Visit [express-scripts.com](https://www.express-scripts.com) or call **866.890.1419** to find a participating Smart90 Retail Network pharmacy in your area.

Using a nonparticipating retail pharmacy in the 50 United States

- If you use a nonparticipating retail pharmacy in the United States, the Plan will not reimburse the cost of your prescriptions.

Using a pharmacy outside the 50 United States

- If you use a pharmacy that’s outside the 50 United States, purchase your prescription and file your claim as you would any other covered charge. Submit your claim to the **FOREIGN SERVICE BENEFIT PLAN**, 1620 L Street, NW, Suite 800, Washington, DC 20036. Do not submit your claim to Express Scripts.

Using the Express Scripts® Mobile App to manage your prescriptions

- The Express Scripts mobile app helps you stay on track with taking your medicines as prescribed. Go to your smartphone’s app store, search for “Express Scripts” and download it for free today.

After downloading the app, log in with your online [express-scripts.com](https://www.express-scripts.com) user ID and password to open. With the app you can:

- Quickly and easily manage your home delivery prescriptions – refill and renew them.
- Track your home delivery prescription orders.
- Look up potential lower-cost prescription options available under your plan and discuss them with your doctor – even while you’re still in the doctor’s office.
- Review your personalized alerts to help ensure that you are following your treatment plan as prescribed by your doctor.
- View your medicines and set reminders for when to take them or notify you when you are running low. Get personalized alerts if there’s a possible health risk related to your medicines. You can also add over-the-counter medicines, vitamins, and supplements to check for possible interactions with your prescriptions.
- Use your phone to display a virtual ID card that you can show at the pharmacy.

A word about home delivery overseas

The Plan has made special arrangements with Express Scripts to allow members living or traveling outside the U.S. to receive up to a year’s supply of medicine. Simply have your doctor write a prescription for a full year’s supply with no refills and pay the full-year copayment/coinsurance. If you are having your medicine shipped to an address in the U.S., please indicate that you will be residing or traveling overseas.

Express Scripts can mail prescriptions only to U.S.-based addresses, to State Department Pouch Mail and APO/FPO addresses. Allow more mail time for Pouch Mail or APO/FPO addresses. Please note the Plan cannot mail prescription medicine to Germany per German regulations.

In many cases, temperature-sensitive medicine cannot be mailed to addresses outside the U.S. Contact Express Scripts at **800.818.6717** for more information.

Accredo, your specialty pharmacy

Accredo, the full-service Express Scripts specialty pharmacy, provides personalized care to patients with chronic, complex health conditions. Accredo offers several comprehensive disease-specific patient-care management programs:

Patient counseling – disease-specific pharmacy and nursing clinical care teams provide the support you need to help manage your condition

- Pharmacists and nurses with specialty training emphasize patient adherence to the treatment, implementing evidence-based practice guidelines and patient empowerment strategies
- Follows an initial clinical assessment, performed to gauge your baseline understanding of your therapy, including medicine administration and side-effect management
- Evaluates clinical, humanistic and economic outcomes on an ongoing basis with the goal of improving your overall health
- Maintains an open line of communication with you

Patient education – convenient access to highly trained clinical care teams, including specialty-trained pharmacists and nurses, and patient care advocates

Convenient medicine delivery – coordinated delivery to your home or any other approved location

Refill reminders – ongoing refill reminders from a patient care advocate

Language assistance – translation services are available for non-English speaking patients.

For additional information about the services available to you through Accredo, please call **800.922.8279**.

We're here to help

Through programs specific to your condition, you can receive a complete range of services and specialty medicines – many of which can be very costly and are often unavailable through retail pharmacies. The conditions include, but are not limited to:

- Cancer
- Hemophilia
- Hepatitis
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Respiratory syncytial virus
- Rheumatoid arthritis

At-a-glance guide

Online

If you have Internet access, you can use the Express Scripts website to quickly find information. Register today at **express-scripts.com** to:

- Order home delivery refills of your prescriptions
- Track the status of your home delivery prescriptions
- Check prescription pricing and coverage
- Print or request home delivery order forms
- Locate a participating retail pharmacy
- Submit claims or download claim forms
- Obtain health information and much more

By mobile app

Search Express Scripts in your device's app store and download for free.

- Order home delivery refills of your prescriptions
- Track the status of your home delivery prescriptions
- Check prescription pricing and coverage
- Display virtual ID card
- Set dose reminders

By phone

Call **800.818.6717** to speak with a Member Services representative and:

- Ask questions about your prescription plan
- Request home delivery order forms or envelopes
- Find the nearest participating retail pharmacy
- Request claim forms for prescriptions filled at out-of-network pharmacies
- Speak with a registered pharmacist
- Order refills

All services listed are available 24 hours a day, 7 days a week.

To access TTY service for hearing-impaired members, call **800.899.2114**.

By e-prescribing or fax from your doctor

Your doctor may send your prescriptions to Express Scripts for home delivery by using e-prescribing or by faxing to **800.613.5628**.

Helpful contact information you may need

Express Scripts website.....	express-scripts.com
Express Scripts mobile app (download)	express-scripts.com/mobileapp
Member Services	800.818.6717
TDD	800.759.1089
Accredo Specialty Pharmacy	800.922.8279
Prior Authorization (doctors only)	esrx.com/PA

Your privacy is important

Express Scripts is committed to meeting **FSBP** guidelines related to protecting your privacy as well as those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA includes provisions to ensure privacy of your personal health information.

In order to provide you with pharmacy services and to administer your prescription plan, we may require personal health and prescription information from you, your doctor or your retail pharmacy. We use this information only to verify your identity and pricing under **FSBP** program; to check for adverse drug interactions; to accurately process your prescription order; and to keep you informed about the proper use of your medicines, available treatment and benefit options.

Under the terms of our contract with **FSBP**, Express Scripts is required to provide individual pharmacy claims data for payment processing and record keeping without identifying individual members. As part of the contract, we are also obligated to report any unusual activity that may constitute fraud or abuse of benefits. In addition, **FSBP** and Express Scripts may use information and prescription data gathered from claims submitted for reporting and analysis purposes without identifying individual members.

