



Client ID: PRXNIA

Effective Date: 08/01/2025

Formulary Type: NetResults

Coverage For: Retail and Mail

Coverage Code: PRXNIA3003

Plan Description: Niagara Bottling PPO Plan

Plan Type: Primary Plan

Mail Order Vendor: Prime Home Delivery

Day Supply Thresholds by Pharmacy Location

Retail Day Supply: 90

Specialty Retail Day Supply: 30

Mail Day Supply: 90

Specialty Mail Day Supply: 30

HSA Prev Retail Day Supply
90: No

Retail Pharmacy Copayments by Day Supply

Retail Day Supply

1 to 30

31 to 90

Stepped Copays Not Elected

Preferred Generics: \$10.00

\$20.00

Non Preferred Generics: \$10.00

\$20.00

Preferred Brands: \$35.00

\$70.00

Non Preferred Brands: \$60.00

\$120.00

Mail Pharmacy Copayments by Day Supply

Mail Day Supply

1 to 30

31 to 90

Stepped Copays Not Elected

Preferred Generics: \$10.00

\$20.00

Non Preferred Generics: \$10.00

\$20.00

Preferred Brands: \$35.00

\$70.00

Non Preferred Brands: \$60.00

\$120.00

Specialty Retail Standard Pharmacy Copayments by Day Supply

Retail Day Supply

1 to 30

Stepped Copays Not Elected

Stepped Copays Not Elected

Specialty:

20 %

Min

Max

Specialty:

\$50.00

\$150.00

Specialty Mail Standard Pharmacy Copayments by Day Supply

Mail Day Supply

1 to 30

Stepped Copays Not Elected

Stepped Copays Not Elected

Specialty:

20 %

Min

Max

Specialty:

\$50.00

\$150.00



HSA Preventive Copays

HSA Prev Drug Copay \$0: Yes

Custom Copayment Comments

90 DAYS RETAIL WILL BE ALLOWED AT ALL RETAIL LOCATIONS, EXCEPT WALGREENS. COPAYS WILL MIRROR MAIL 31-90 COPAYS (\$20/\$20/\$70/\$100).

LAGEVRIO AND PAXLOVID SHOULD HAVE ZERO MEMBER COST SHARE. (NIA Covid Oral)
OTC COVID TEST KITS COVERED AT \$0 MEMBER COST SHARE, UP TO \$12 REIMBURSEMENT PER TEST.
Weight Loss GLP-1's are covered at 50% member share

Dispense as Written Penalties

DAW 1 - Prescriber Elects Brand, Member Pays Difference: Yes

DAW 2 - Member Elects Brand, Member Pays Difference: Yes



Prescription Benefit Accumulations

Embedded - Each person can meet their individual deductible/OOP max to initiate plan benefits.

(Requires one plan; Both of the Individual and Family fields to populated.)

Non-Embedded - The total family Deductible/OOP max must be paid out of pocket to initiate plan benefits.

(Requires two plans; Only one of the Individual or Family fields to populated.)

Accumulation Details

Accum Method: Calendar Year **Retail/Mail Combined:** Combined

Embedded/Non Embedded: Embedded

Deductible - Prescription Only

Individual: \$ 200.00 **Family:** \$ 600.00

Deductible Rx/Med Combined: No **Deductible Included in OOP:** No

DAW Penalty Applies to Deductible: No

Deductible Doesn't Apply Options

Preferred Generic Non SPC: No **HSA Preventive:** Yes

Non-Preferred Generic Non SPC: No **Custom:** No

Preferred Brand Non SPC: No **Maintenance:** No

Non-Preferred Brand Non SPC: No **Maintenance Insulin:** No

Generic SPC & Non SPC: No **Specialty:** No

Brand SPC & Non SPC No

Out of Pocket Maximum - Prescription and Medical Combined

Individual: \$ 5,000.00 **Family:** \$ 10,000.00

OOP Rx/Med Combined: Yes **DAW Penalty Applies to OOP:** No

Lifetime OOP Rx/Med Combined: No

Plan Maximum - Prescription Only

Plan Max Rx/Med Combined: No **Plan Max Once Exceeded:** N/A

Lifetime Plan Max Rx/Med Combined: No

Accumulation Comments

DEDUCTIBLE IS RX ONLY, DOES NOT APPLY TO OOP MAX.

Infertility Drugs

Calendar Max \$: 0.00

Lifetime Max \$: 0.00

Patient Responsibility Regardless of OOP:

Infertility Plan Max Once Exceeded:



Limitations

Max Cost Edit Applies: No	Specialty Programs: Exclusive Specialty
Max Cost per Transaction Retail:	Specialty Fills Allowed at Retail: 0
Max Cost per Transaction Mail:	Refill Too Soon Retail: 75%
Max Cost - Compounds: Standard	Refill Too Soon Mail: 70%
Max Cost per Compound at Retail: \$300	
High Dollar \$15,000 Edit : No	
Mail Order Program:	
Fills Before Mandatory Mail: Voluntary	Apply Mandatory Mail to:

Direct Member Reimbursement - Paper Claims

Direct Member Reimbursement: Yes	DMR Code: 99CLN2 - Pay at Contracted Rate
Brand Copay if no Gen.: Brand	OON Status: Not Covered
Allowed Overrides: recommended one (1) per member per medication every 6 months	
Override Damaged: Yes	Damaged # of Mbr(s) Per Med: 1
Override Lost: Yes	Lost # of Mbr(s) Per Med: 1
Override Stolen: Yes	Stolen # of Mbr(s) Per Med: 1
Override Vacation Supply: Yes	Vacation Supply # of Mbr(s) Per Med: 1
	Damaged Every (Months): 6
	Lost Every (Months): 6
	Stolen Every (Months): 6
	Vacation Supply Every (Months): 6

Affordable Care Act Preventive Drug Lists
Grandfather Status: Non-Grandfathered

Aspirin: Yes

High Cholesterol: Yes

Bowel Prep: Yes

HIV Prep: Yes

Breast Cancer: Yes

Iron Supplements: Yes

Contraceptives: Yes

Tobacco Cessation: Yes

Fluoride Supplements: Yes

Vaccines: Yes

Folic Acid: Yes

Standard Drug Coverage
Alcohol Deterrents: I

Contraceptives: I

Sexual Dysfunction: I

Allergy Extracts: X

Digital Therapeutics: X

Vaccine Network: I

Blood/Blood Products: I

Growth Hormone: I

Weight Loss Agents: I

Compound Drugs: I

Infertility: X

Weight Management: I

Immune Serums: X

Age Limits
Acne Products: 99

Age Limit & Under: I

Over Age Limit: I

ADD Drugs: 99

Age Limit & Under: I

Over Age Limit: I

Isotretinoin Accutane: 99

Age Limit & Under: I

Over Age Limit: I

Drug Coverage Options
High Cost Brands and Generics: Include

Medical Coverage: Exclude

Rx with OTC Alternatives
Ulcer Drug, PPI: Yes

Ulcer Drug, H2 Antagonists: Yes

Non Sedating Antihistamines: No

Select Topical Acne: Yes

Nasal Steroids: Yes

Vision Enhancement: Yes

COVID Test Kits: Yes

All Other: No

Diabetic
Insulin: I

Lancets: I

Insulin Syringes: I

Test Strips & Continuous Glucose Monitors: I



Clinical Program Offerings

Step Therapy: Yes

Prior Authorization: Yes

Specialty UM Edits: Yes

Value Max: Yes

Gender Dysphoria Coverage: Yes

Opioid Program

Opioid Program: Yes

30 DS Max for Short Acting: Yes

7 DS Max for Naïve Members: Yes

Custom Drug Coverage

BRAND SYNTHROID IS COVERED. FERTILITY DRUGS WILL REJECT WITH MESSAGE "FERTILITY DRUGS EXCLUDED UNDER PLAN, BUT COVERED UNDER PROGYNY. PLEASE CONTACT PROGYNY AT 888-597-5065"

"Members have access to all formulary glucose strips and lancets. They can also receive these items free of charge if eligible from Teladoc if they call Prime to inquire, please tell them the information below related to Teladoc. Niagara offers support for Diabetes Management, Pre-Diabetes and Hypertension Management. The program includes a connected blood glucose meter, unlimited strips and lancets, personalized action plans, one-on-one coaching, a smart scale, a connected blood pressure monitor, and a user-friendly app—all at no cost to Niagara team members. To review eligibility, members can visit TeladocHealth.com/Smile/Niagarawater or call 800-835-2362."