

Prescription Drug Benefits for Federal Employees and Annuitants in Triple-S Salud FEHB 2016 Plan

Level	Description	Benefit
1	Generic Prescription Drugs	\$0 copay per unit or refill (30 day supply)
2	Preferred Brand Prescription Drugs	\$20 copay per unit or refill (30 day supply)
3	Non-Preferred Brand Prescription Drugs	20% or \$20, whichever is higher , \$125 maximum out of pocket per unit or refill (30 day supply)
4	Preferred Specialty Drugs	25% or \$200, whichever is the lowest , per unit or refill Only in participating specialty pharmacies (30 day supply)
5	Non-Preferred Specialty Drugs	30% or \$300, whichever is the lowest , per unit or refill Only in participating specialty pharmacies (30 day supply)

Note: For more information related to the copayment/coinsurance of a specific covered prescription drug according to its level, you may refer to the 2016 Drug List available on our webpage

<http://www.ssspr.com/SSSPortal/Federal/Triple-SFederal/GeneralInfo/beneficio-famacia.htm>.

Exclusive Specialty Pharmacy Network (ESPN)

Triple-S Salud's Exclusive Specialty Pharmacy Network now has additional participating pharmacies. All participating pharmacies are well-recognized providers of specialty drugs in their communities and across PR and USVI. Our new Directory of Specialty Pharmacies consists of the following pharmacies:

Pharmacy	Address	Telephone	Fax
Axium Healthcare PR	Los Arcos de Suchville Building #108 Carretera 2, Suite 302 Guaynabo	(787) 780-7200 1-888-315-3395 (Toll-free)	(787) 779-1430 1-800-546-2163 (Toll-free)
CVS Caremark Specialty Pharmacy	Avenida Jesús T. Piñero #280, Suite B, Río Piedras	1-888-606-2536 (Toll-free)	(787) 759-4090 1-888-280-1191 (Toll-free)
Special Care Pharmacy Services	Reperto Metropolitano, Avenida Américo Miranda #1210, Río Piedras	(787) 783-8579 1-877-899-8997 1-888-727-1727 (Toll-free)	(787) 783-2951
SPS Specialty Pharmacy Services, Inc.	Avenida Luis Muñoz Rivera #78, Plaza Notre Dame, Caguas	(787) 704-2025 (787) 704-2028 1-844-961-1133 (Toll-free)	1-877-904-2027 (Toll-free) (787) 704-2027

Generic Drugs

A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Your pharmacy coverage requires the dispensing of generic drugs as a first option, as long as the generic drugs are available in the market. **If you or your doctor chooses a brand drug instead of the generic version, you will pay the generic drug copayment, plus the difference in cost between the brand drug and the generic drug; even though your physician has specified "Dispense as Written".** You have the right to submit a medical justification requesting coverage of a brand product with a generic equivalent. If your request is approved you will pay the corresponding copay to Level 3.

Step Therapy Program

In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug for that condition (Step Therapy). For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

This program will require the utilization of Over-The-Counter (OTC) drugs or Generic drugs before using other drugs to treat your medical condition. The "OTC First" includes Proton Pump Inhibitors (PPI), Non-sedating antihistamines, Nasal Corticosteroids and Ocular allergies agents. The "Generic First" portion includes Cholesterol drugs - Statins, Osteoporosis - Oral Bisphosphonates, Allergies - Nasal Corticosteroids, insomnia – hypnotics, Angiotensin Receptor Blockers (ARBs) –hypertension, pain management, diabetes, depression, and hyperactivity drugs.

Flex 90 Program

A voluntary program that allows members to obtain a 90 day supply for certain maintenance medications.

To participate, follow these steps:

1. Ask your doctor for a 90 day prescription plus one (1) refill of your maintenance medications.
2. Select a participating pharmacy from the Flex 90 Program.
3. Ask your pharmacist for a 90 day dispatch.

Note: For more information related to your Prescription Drugs Benefit under your Triple-S Salud FEHB 2016 Plan, you may refer to the 2016 Drug List available on our webpage <http://www.ssspr.com/SSSPortal/Federal/Triple-SFederal/GeneralInfo/beneficio-farmacia.htm>.

For more information about your benefits with Triple-S Salud FEHB, you can access our website: www.ssspr.com/federal. You may also contact our Customer Service Center (787) 774-6081 or toll free number 1 (800) 716-6081.