Client: Montgomery County
Coverage Period: 1/1/2027-12/31/2027
Summary of Benefits and Coverage: What this plan covers and what it costs
Eligible

Plan Type: MONTPL2 Standard Medicare

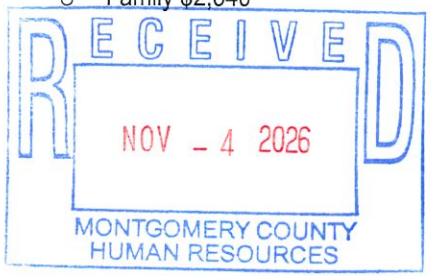
Common Medical Event: If you need drugs to treat your illness or condition													
Generic Drugs			Preferred Brand Drugs			Non-Preferred Brand Drugs			Specialty			International Penalty	
Retail 30 Copay	*Retail 90 Copay*	*Mail Order Copay*	*Retail 30 Copay*	*Retail 90 Copay*	*Mail Order Copay*	*Retail 30 Copay*	*Retail 90 Copay*	*Mail Order Copay*	*Generic*	*Preferred*	*Non-Preferred Brand*	*Retail*	*Mail Order*
$0.00	N/A	$0.00	$20.00	N/A	$40.00	$40.00	N/A	$80.00	$0.00	$20.00	$40.00	$60	$120

Limitations & Exceptions

More information about Prescription Drug Coverage is available at www.arayarx.com

RX Out of Pocket Maximum

- Individual $1,320
- Family $2,640



- Up to a 30-day supply of your medication via retail only and up to a 90-day supply of your medication through mail order.
- Opioid Limitation – 7 Day supply
- Contraception[1], Preventative Medications[2] and Smoking Deterrents[3] covered at no copayment
- Drugs for cosmetic purposes, fertility, Saxenda, and some vitamins are excluded.
- Prior authorizations are required for some medications in order to ensure the most appropriate therapies are being utilized for each patient. A list of these medications can be provided to you. Araya monitors drugs that reject for prior authorization and we reach out to your prescriber to collect the necessary information. The patient will be notified of the outcome after review.

CanaRx

Patients may receive certain brand name medications through Montgomery Meds program for no copay. Drugs on this list will require a $60 retail copay if filled at a community pharmacy or a $120 copay through a mail order pharmacy. List of medications and instructions can be viewed at https://www.canarx.com/plan/?planid=MONTGOMERY or by calling 1-866-893-6337.

ElectRx:

Patients may receive certain eligible brand name and specialty medications through ElectRx for a $0 copay. Drugs on this list will require a $60 retail copay if filled at a community pharmacy or a $120 copay through a mail order pharmacy after two domestic fills. Enrollment into the program can be obtained by reaching out to ElectRx directly at 1-855-353-2879.

NASH

An additional mail-order option is available to help reduce out-of-pocket costs for certain brand-name medications through NASH. Eligible members are encouraged to use this program, which provides a 30-day to 90-day supply through accredited and licensed international pharmacies meeting NASH's standards of care. This program does not include experimental or investigational medications and does not replace the existing PBM prescription benefit.

[1]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. [2]ACA Preventative Medications include: Aspirin for Men ages 50-69 and Women ages 12-69; Fluoride 6 months to10 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. [3]Smoking Deterrents restrictions per calendar year: 18 years and older; up to 180 days per year: Nicotrol Nasal Spray; Nicotrol Inhaler; Nicorette Gum; Bupropion HCL; Nicotine Transdermal System; Chantix