



# Prescription Benefit Coverage

Jefferson City School District | Administered by RxBenefits, Inc. and OptumRx, Effective July 1, 2022

**Note:** Members may contact RxBenefits Member Services at 1.800.334.8134 or visit [optumrx.com](http://optumrx.com) . If there are any additional questions, please contact your Benefits Department.

## HSA Plan (003, 004) and Retirees Under 65 (R03, 04)

### Accumulations

Deductible Non-Embedded	\$1,500 Individual/ \$3,000 Family
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Maximum Out of Pocket (MOOP) Non-Embedded	\$3,000 Individual/ \$6,000 Family
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The plan year Deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family Deductible. Once met, your covered prescriptions are subject to the copays above. Generic dispense as written penalties do not apply to the deductible. The deductible does apply to the maximum out of pocket (MOOP).

The plan year MOOP applies to pharmacy and medical claims. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%.Generic dispense as written penalties do not apply to the MOOP.

Retail Pharmacy Coverage (01-30-day supply)	In Network Pharmacy
Generic	\$10.00
Preferred Brand	\$30.00
Non-Preferred Brand	\$50.00

Retail Pharmacy Coverage (31-90 Day Supply)	In Network Pharmacy
Maintenance Generic	\$20.00
Maintenance Preferred Brand Medications	\$60.00
Maintenance Non-Preferred Brand Medications	\$100.00

Mail Order Extended Supply (01-90-day supply)	In Network Pharmacy
Generic	\$20.00
Preferred Brand	\$60.00
Non-Preferred Brand	\$100.00

## Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through OptumRX specialty pharmacy by calling OptumRX at 1.800.850.9122. Some exceptions apply. These medications are limited to a 1-30 day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate co-insurance as listed below. OptumRX Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication	OptumRX
Specialty (up to \$999.99)	\$75.00
Specialty (\$1,000 and above)	\$125.00

## Manufacturer Copay Assistance Program (MCAP)

Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, you will not receive credit toward your maximum out of pocket or deductible for any copayment or coinsurance amounts that are applied to a manufacturer coupon or rebate. Your employer has elected to enroll in Optum's Preferred Copay Card Acceptance (PCCA) and Copay Card Accumulator Adjustment (CCAA) program.

## Generic Policy - Dispense As Written (DAW)

If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand copay/coinsurance plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

## Preventive Medications

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles, maximum out of pockets, or other limitations such as annual caps or limits. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [optumrx.com](http://optumrx.com) to check drug costs and coverage.

## Compound Drugs

For compound drugs to be covered, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs must not contain any ingredient on a list of excluded ingredients. Any denial of coverage of a compound drug may be appealed in the same manner as any other drug claim denial under this coverage. Compounded medications equal to or exceeding \$300 per script will require prior authorization.

## Step Therapy Program

Certain medications may be subject to step therapy. You could be asked to try one of the first or second level options before certain drugs are covered by the plan.

## High Dollar Claim Review, Prior Authorization and Appeals program (HDCR)

Medication costs exceeding \$1,000 per 30-day supply and \$3,000 per 90-day supply require prior authorization.

## Low Clinical Value Drug List (LCV)

Separate formulary exclusion list including low clinical value drugs, me too drugs, new to market drugs, and non-essential.

## Jefferson City School District

## Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by OptumRx or RxBenefits. This list reflects the current clinical judgment of practicing health care practitioners based on a review of current data, medical journals, and research information. In your prescription drug coverage, the Formulary Drug list is used as a guide for determining your costs for each prescription. Drugs not listed on the Select Formulary may not be covered. Your formulary is Select.

**The following lists are not all-inclusive, but rather are lists of the most commonly used prescription drugs. These lists are subject to change. The OptumRx formulary provides an up-to-date list of medications that may be covered by the program. The OptumRx formulary may be found online at [optumrx.com](http://optumrx.com). You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.**

## Covered Drugs and Supplies

The following examples of Covered Drugs and supplies may be available with your prescription benefit coverage. FDA-approved pharmaceuticals requiring a written prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist. Please contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [optumrx.com](http://optumrx.com) to check coverage.

- ADHD/ADD
- ACA Preventative Services List
- Allergy Serums (Injectable & Oral)
- Androgen
- Contraceptive (Implant & IUD)
- Contraceptive (oral, cycle, inject, ring)
- DEA Schedule V Products
- Diabetic Medications (Non-Insulin)
- Diabetic Supplies (Blood Glucose Meters)
- Diabetic Supplies(Lancet, Strips, Swabs)
- Diabetic Supplies (Syringes & Needles)
- Hemophilia/Blood Disorder Products
- Medical / Therapeutic Devices
- Narcolepsy
- Non-ACA Vaccines
- Smoking Cessation Products
- Specialty Medications

## Covered Drug Limitations

Certain Prescription Drugs are covered up to preset limits. These limits are based upon standard FDA approved dosing for the medications. If you request that a prescription be filled for a drug that is subject to quantity limitations, the prescription will be filled up to the preset limits. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, Prior Authorization is required. In such cases your doctor may initiate Prior Authorization by calling RxBenefits toll-free at 1.800.334.8134. Several hundred drugs are subject to quantity limitations for patient safety based on FDA guidelines. Your plan has identified the following drug categories for Quantity Limits.

- ADD/ADHD
- Androgens
- Contraceptives
- Insomnia/Sedative Hypnotics
- Migraines
- Narcolepsy
- Smoking Cessation

*For more information about specific drugs subject to coverage limitations, please call RxBenefits Member Services at 1.800.334.8134 or visit [optumrx.com](http://optumrx.com).*

## Prior Authorization and Appeals

If a prescription drug claim is wholly or partially denied, you or your authorized representative has the right to appeal the decision. You or your authorized representative may appeal the denial no later than 180 days after receiving notice of an adverse claim decision. Appeals of prescription drug claims are handled by RxBenefits and are decided in accordance with the terms of the plan document. Following a clinical review, one of four actions will occur: the medication is

## Jefferson City School District

approved, the medication claim is denied, the doctor may decide to withdraw and prescribe a different medication, or the reviewer can dismiss the claim due to lack of communication from the prescriber. If denied, the appeal process is available.

The following medications may require a prior authorization under your plan:

- ADD/ADHD
- Narcolepsy
- Oral/Intranasal Fentanyl
- Topical Acne
- Topical Fentanyl

## The Appeal Process

If denied, the member may appeal the decision. Upon appeal, a second pharmacist reviewer will evaluate the prior authorization and make a decision (approved/denied). If denied a second time, a final appeal may be made, which is forwarded to an outside medical reviewer. If denied, there are no further appeals.

Your doctor may initiate the Prior Authorization, quantity limit, high dollar claim review or any other rejection process by calling RxBenefits at 1.800.334.8134.

## Exclusions

Coverage is not provided for:

- Abortifacients
- Anabolic Steroids
- Anti-Obs/Anorexiants/Appetite Suppressant
- Blood Products / Blood Serum
- Bulk Powder Compounds
- Cosmetics
- DESI Drugs (DESI 5 & 6 Only)
- Diabetic Supplies (Pumps & Supplies)
- Dietary Management
- Electrolyte Replacement
- Erectile Dysfunction
- Fertility Medications (Injectable & Oral)
- Fluoride (Topical with Prescription)
- Growth Hormones
- Homeopathics
- HSDD (i.e., Addyi)
- Nutritional Supplements
- Multi-Vitamin w/ Iron
- Multi-Vitamin w/ Fluoride

## Retail and Mail Order Pharmacies

Jefferson City School District participates in the OptumRx pharmacy network. Contact RxBenefits Member Services at 1.800.334.8134 to inquire about a specific pharmacy.

## Pharmacy Identification Card (ID Card)

Your pharmacy ID card enables you to participate in the prescription drug card program. Present your combined medical and pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact your medical insurance carrier for a replacement ID card.

## CCS Medical Diabetes Wellness Program

Diabetic supplies are provided as part of the Prevention & Treatment Plan for diabetes and are provided to covered employees and their dependents at no cost to the employee (prescription copay is waived) when received from CCS Medical. These supplies include cellular glucose meter, diabetic testing strips, control solution, lancets, lancing device(s), and alcohol pads. Enrollment in the LivingConnected program is automatic. Diabetic supplies not received from CCS Medical are subject to the applicable copays.

## Definitions:

### Jefferson City School District

## **Co-Insurance**

The percentage of charges a Participant is required to pay for covered prescription drugs.

## **Copayment (Copay)**

The specified charge you are required to pay for a Covered Drug.

## **Brand-Name**

A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

## **Generic Drug**

A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although a generic drug is chemically identical to its branded counterpart, it is typically sold at substantial discounts from the branded drug's price.

## **Over-the-Counter Drug (OTC)**

Any medical substance that can be purchased without a prescription. OTC medications are not covered by your plan unless otherwise stated.

## **Non-Preferred Brand**

Non-Preferred Brand is a Brand Name prescription drug that does not appear on the formulary of Brand Name Drugs designated by OptumRx as Preferred. Members may pay a higher cost for Non-Preferred Brand-Name Prescription Drugs than for Preferred Brand-Name prescription Drugs.

## **Preferred Brand Drug**

Preferred Brand Drug is a prescription drug that appears on the formulary of Brand-Name Prescription Drugs designated by OptumRx Preferred. This list is subject to periodic review and modifications by OptumRx. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on [optumrx.com](http://optumrx.com). Members pay a lower copay/coinsurance for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

## **For More Information About the Prescription Benefit Coverage**

Jefferson City School District has partnered with OptumRx and RxBenefits to provide prescription drug benefits. OptumRx serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, [optumrx.com](http://optumrx.com), is designed to help you explore ways to track your prescription benefits. You may use the site to locate pharmacies and compare prescription drug costs.

## **Questions?**

**Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.**

RxBenefits, Inc. does not provide legal advice. Nothing herein or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. It is the responsibility of the employer/plan sponsor and not RxBenefits, Inc. to determine the contents of its group health plan document and related summary plan description. The employer/plan sponsor should consult with its legal counsel regarding the contents of its group health plan and summary plan description, and the legal requirements that may be applicable thereto. For plan members with questions about plan coverage, please consult your HR Department.