



Jefferson City School District
Effective January 1, 2020

Base Plan (001) and Retiree Under 65 (R01)

	1-30 Day Supply Retail	90 Day Supply Mail
Generic Medications	\$ 10	\$ 20
Preferred Medications	\$ 30	\$ 60
Non-Preferred Medications	\$ 50	\$ 100

Buy-Up Plan (002) and Retiree Under 65 (R02)

	1-30 Day Supply Retail	90 Day Supply Mail
Generic Medications	\$10	\$20
Preferred Medications	\$30	\$60
Non-Preferred Medications	\$50	\$100

Specialty Medications: Specialty medications must be ordered through Briova Rx at 1-800-850-9122. Limited to a 30-day supply and may require prior authorization.

	1-30 Day Supply Briova Rx
Specialty Medications Less Than \$1,000	\$75
Specialty Medications Over \$1,000	\$125

Step Therapy Program: Your employer has implemented step therapy with quantity limits and/or prior authorizations. If you choose to use certain brand-name drugs before trying a generic medication, your prescription may not be covered and you may need to pay the full cost. Step therapy applies to the following therapeutic categories: Anti-Infectives, Cardiovascular, Central Nervous System, Statins, ADHD Agents, Migraine Agents, Dermatology, Diabetes, Endocrinology, Gastroenterology, Ophthalmology, Respiratory and Urology. Please contact Member Services 1-800-334-8134 for a list of medications.

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 above copays.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below.
- Compounded medication of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes and lancets.

For Prescription Drug Card Member Services Call 1-800-334-8134 

DRUGS COVERED (continued)*

- Narcolepsy medications (prior authorization and quantity limits apply)
- ADD/ADHD medications (prior authorization required over age 18, step therapy and quantity limits apply)
- Migraine medications (step therapy and quantity limits apply)
- Extended Release Controls-Opioid Analgesics (quantity limits apply)
- Sleep Aids/Hypnotics (step therapy and quantity limits apply)
- Androgens/Testosterone (prior authorization required)
- Oral/Intranasal/Topical Fentanyl Products (prior authorization required and quantity limits apply)
- Topical Acne Agents (prior authorization required over age 25)
- Growth Hormones (prior authorization required)

EXCLUSIONS*

- Biological, blood products, serums and Non-ACA immunization agents
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants & removal products)
- Experimental and investigational drugs, including compounded medications for non-FDA approved use.
- Compounded prescriptions that use ingredients such as bulk chemicals and powders.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Anti-obesity/Appetite suppression
- Anabolic Steroids
- Infertility Medications
- Impotency Medications
- Topical Analgesic Pain Patches
- Nutritional Supplements
- OTC products
- Prescription Vitamins
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

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 or other limitations such as annual caps or limits. You may contact Member Services if you have specific drug questions to check drug costs and coverage.

***This is not an inclusive list but is a representation of the most commonly used medications. Contact Member Services for specific drug coverage information.**

Please Note: RxBenefits, Inc. does not provide legal advice. Nothing contained in this Summary of Benefits & Coverage or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. This document is a sample only and the content and calculations herein should be verified by the Employer/Plan Sponsor. 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 of Benefits & Coverage. The Employer/Plan Sponsor should consult with its legal counsel regarding the contents of its group health plan and summary documents, and the legal requirements that may be applicable thereto.

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