

Dear Plan Member,

Welcome to the RxBenefits family! University of Michigan Health has partnered with RxBenefits to optimize your pharmacy benefits experience. RxBenefits is a team of more than 1,000 multidisciplinary experts dedicated to improving your safety, lowering overall drug costs, and helping you make the most of your prescription drug coverage.

What you need to know

This welcome packet is designed exclusively for you and includes helpful resources that provide important information about your pharmacy plan including:

- **Prescription Benefits Coverage for University of Michigan Health:** This document provides an easy-to-understand breakdown of all the important details of the coverage through your new pharmacy plan.
- **My RxBenefits Member Portal**
The portal includes information about ***Member.RxBenefits.com***, where you can access your pharmacy benefits information 24/7, from any device, view and download ID cards, access up to 18 months of claims history, and chat with live agents.
- **Details on Accessing Express Scripts Website & Mobile App**
You can manage your medications anywhere, anytime, search for the nearest retail pharmacy, and check drug interactions from either the website or the app.
- **Contact Information for Member Services Team**
If you have questions about your benefits plan, our member services team can help.
- **Information on How to Sign-Up for Mail Order**
Learn how you can get up to a three-month supply of your routine medication(s) delivered safely and reliably right to your door to save time and money.

What's next

You can access your ID card(s) through the Express Scripts website or mobile app. You must contact Express Scripts customer service at 1-800-922-1557 for a physical ID card.

EVERNORTH®
HEALTH SERVICES

RxBIN: 610014

RxGRP: RXBSPAR

We are here to help

If you have questions about this letter, your covered medications, or prescription benefits, contact the RxBenefits Member Services team.

- **Chat with a live agent via the RxBenefits member portal:** Monday-Friday, 9:00 a.m. to 6:00 p.m. Central
- **Email:** CustomerCare@RxBenefits.com
- **Call:** 1-800-334-8134, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

Starting January 1, 2026, you will be able to create an account and log in to our member portal to access your prescription benefits information.



Access your pharmacy benefits information 24/7 from any device by registering on the My RxBenefits member portal at **Member.RxBenefits.com**.

Once registered, you can view and download your ID card, set up your communication preferences, access up to 18 months of claims history, chat with a live agent, and so much more.

Sincerely,
Your RxBenefits Team



Prescription Benefit Coverage

University of Michigan Health | Administered by RxBenefits, Inc. and Express Scripts, Effective January 01, 2026

Note: Members may contact RxBenefits Member Services at 1.800.334.8134 or visit express-scripts.com. If there are any additional questions, please contact your Human Resource Department. Please note the effective date on this documentation is a reflection of the last update to this plan. This document is a current representation of the plan benefit at this time.

Bronze Plan

Retail Pharmacy Coverage (01-30 Day Supply)	Tier 1 In House Pharmacy
In House Pharmacy Generic	\$5.00
In House Pharmacy Preferred Brand	\$25.00
In House Pharmacy Non-Preferred Brand	\$50.00
Drug Specific - Antihistamines	\$5.00
Drug Specific – Proton Pump Inhibitors	\$5.00
Drug Specific – Diabetic Supplies & Insulin	\$5.00
Drug Specific - Fertility	\$75.00

Retail Pharmacy Coverage (31-90 Day Supply)	Tier 1 In House Pharmacy
In House Pharmacy Generic	\$10.00
In House Pharmacy Preferred Brand	\$50.00
In House Pharmacy Non-Preferred Brand	\$100.00
Drug Specific - Antihistamines	\$10.00
Drug Specific – Proton Pump Inhibitors	\$10.00
Drug Specific – Diabetic Supplies & Insulin	\$10.00
Drug Specific - Fertility	\$150.00

Retail Pharmacy Coverage (01-90 Day Supply)	Tier 1 In House Pharmacy
Drug Specific – Generic Statins	\$0.00
Drug Specific - Metformin	\$0.00

Questions?

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

Retail Pharmacy Coverage (01-30 Day Supply)		Tier 2 In Network Pharmacy
Generic		\$10.00
Preferred Brand		\$40.00
Non-Preferred Brand		\$80.00
Drug Specific – Generic Immunosuppressants		\$5.00
Drug Specific - Fertility		\$100.00

Retail Pharmacy Coverage (31-90 Day Supply)		Tier 2 In Network Pharmacy
Maintenance Generic		\$20.00
Maintenance Preferred Brand Medications		\$80.00
Maintenance Non-Preferred Brand Medications		\$160.00

Mail Order Extended Supply (01-90 Day Supply)		Tier 2 In Network Pharmacy
Generic		\$20.00
Preferred Brand		\$80.00
Non-Preferred Brand		\$160.00

Mail Order Extended Supply (31-90 Day Supply)		Tier 2 In Network Pharmacy
Drug Specific – Generic Immunosuppressants		\$10.00
Drug Specific - Fertility		\$200.00

Questions?

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

Accumulations

Tier 1 In House Pharmacy Deductible Non-Embedded	\$1,700.00 individual / \$3,400.00 family
Tier 2 Non-In House Pharmacy Deductible Non-Embedded	\$3,000.00 individual / \$6,000.00 family
Tier 1 In House Pharmacy Maximum Out of Pocket Non-Embedded	\$3,000.00 individual / \$6,000.00 family
Tier 2 Non-In House Pharmacy Maximum Out of Pocket Non-Embedded	\$5,000.00 individual / \$10,000.00 family
Lifetime Maximum for Fertility Medications	\$10,000.00 individual

The calendar 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 policy does not apply to the Deductible. The Deductible does apply to the Maximum Out of Pocket.

The calendar year Maximum Out of Pocket applies to pharmacy and medical claims. One member or any combination of family members can meet the family Maximum Out of Pocket. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the Maximum Out of Pocket.

Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications can be obtained through a Tier 1 in-house pharmacy and are limited to a 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 cost share as listed below.

Specialty Medication (01-30 Day Supply)	
In House Pharmacy Specialty	\$75.00
Accredo Specialty	\$100.00

Retail and Mail Order Pharmacies

University of Michigan Health participates in the Express Scripts pharmacy network. Contact RxBenefits Member Services at 1.800.334.8134 to inquire about a specific pharmacy.

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.

Generic Policy - Dispense As Written (DAW)

If a Brand name drug is filled when a Generic equivalent is available, you will be required to pay the Brand cost share plus the difference in cost between the Generic and Brand name drug.

Questions?

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

Maintenance Drug

Maintenance medications are those that treat an ongoing condition such as high blood pressure, diabetes, or contraception. You can get up to one refill from your local participating pharmacy. After that, your plan requires maintenance medications to be filled by a University of Michigan Health pharmacy. Contact the Customer Service number below if you need to inquire about a specific pharmacy.

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 express-scripts.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/chemically similar drugs, new to market drugs, and non-essential.

Formulary

A list of Food and Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Express Scripts 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 National Preferred Formulary may not be covered. Your formulary is National Preferred Formulary.

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 Express Scripts formulary provides an up-to-date list of medications that may be covered by the program. The Express Scripts formulary may be found online at express-scripts.com. You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.

Questions?

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

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 [express-scripts.com](https://www.express-scripts.com) to check coverage.

- Abortifacients
- Addyi-HSDD Agents
- Anti-Obesity/Anorexiants
- Continuous Glucose Monitors
- Diaphragms & Cervical Caps
- Disposable Insulin Pumps OmniPod
- Emergency Contraceptives
- Federal Legend Drugs
- Fertility(Injectable)
- Fertility(Intra-Vaginal)
- Fertility(Oral)
- HCR/ACA Vaccines
- Hemophilia Factors
- IUDs
- Implantable Contraceptives
- Impotency Drugs
- Inhaler Assisting Devices
- Injectable Contraceptives
- Insulin
- Non-Insulin Syringes
- OTC Contraceptives
- OTC Diabetic Supplies
- Oral ExtCy Transder Intravag Contra ACA
- Prescription Vitamins
- Self Injectable Medications
- Smoking Cessation (OTC)
- Smoking Cessation (Rx)
- Specialty Medications
- Standard RX/OTC Equivalents
- Weight Loss GLP-1

Quantity Limits for Covered Drugs

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. Many drugs are subject to quantity limitations for patient safety based on FDA guidelines. Your plan has identified the following drug categories for Quantity Limits.

- Anti-Diabetic Agents
- Anti-Inflammatory Eye Agents
- Anti-Influenza Agents
- Anti-Nausea Agents
- Antifungal Agents
- Asthma and COPD Agents
- Constipation Medications
- Contraceptives
- Erectile Dysfunction (ED) Agents
- Fertility Agents
- Glaucoma Agents
- High Blood Pressure Medications
- High Cholesterol Medications
- Migraine Agents
- Nasal Steroids
- Non-Opioid Analgesics
- Opioid Analgesics
- Osteoporosis Agents
- Proton Pump Inhibitors
- Sleep Agents
- Specialty Medications

For more information about specific drugs subject to coverage limitations, please call RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](https://www.express-scripts.com).

Questions?

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

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 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. Your prior authorizations are handled by RxBenefits.

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.

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

- GLP-1 (Diabetes Drug)
- Migraine Agents
- Oral Anti-Hyperlipidemic
- Specialty Medications
- Topical Anesthetics

Exclusions

Coverage is not provided for:

- Allergy Extracts
- Hair Growth Stimulants
- Injectable/Implantable Medications
- Insulin Pumps
- OTC Products

Questions?

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

Definitions:

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 Express Scripts 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 Express Scripts Preferred. This list is subject to periodic review and modifications by Express Scripts. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on [express-scripts.com](https://www.express-scripts.com). Members pay a lower copay/co-insurance for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

For More Information About the Prescription Benefit Coverage

University of Michigan Health has partnered with Express Scripts and RxBenefits to provide prescription drug benefits. Express Scripts serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, [express-scripts.com](https://www.express-scripts.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.

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.

Questions?

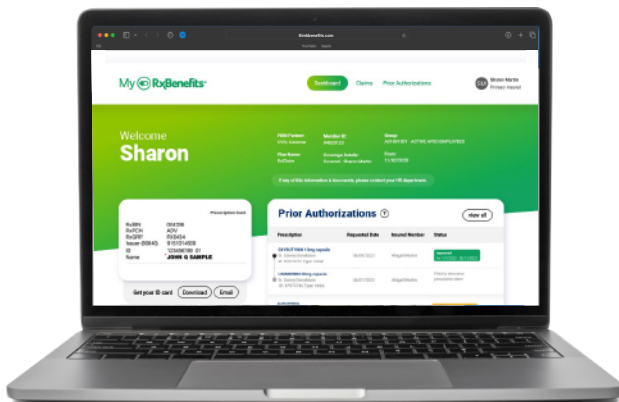
Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.

Online Access to Your Pharmacy Benefits



By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits.

Access your information when it's convenient for you, **24 hours a day, 7 days a week.**



My RxBenefits will allow you to:

- Chat with a live agent Monday - Friday, 9 a.m. to 6 p.m. CT
- Access real-time prior authorization status, including explanations of determinations, and view 18 months of prior authorization activity
- View, download and email copies of ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:
<https://member.rxbenefits.com>



EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

Get the most from your prescription benefit



Express Scripts® Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan cover the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

Express Scripts is committed to delivering exceptional pharmacy care so you can stress less and save more. Visit express-scripts.com to learn more about how we provide pharmacy benefits you can depend on.

1 Go digital

Get anywhere, anytime access to your pharmacy benefits with an online account. It's simple to start—it takes just 5 clicks and 2 minutes and you'll have access to view your plan details, coverage and benefits anytime, anywhere. Sign up at express-scripts.com or scan the QR code below.

An online account provides you with:

Instant digital ID card

Keep it on you 24/7. Download it to your phone, print a copy or do both. You can even save your ID card to your mobile wallet.

Money-saving recommendations

Log in today to get your personalized, proactive money-saving recommendations.

Rx and claims history

Manage your prescriptions, review your prescription history and medication spend, all in one place.

Coverage review updates

Before a doctor prescribes a medication, find out if it needs coverage review like prior authorization and check the status of an in-process review.

Helpful tools

Receive alerts on the go by signing up for text messages. Log in and go to Communication Preferences in your account.

2 Stress less

Ask your doctor if a 3-month supply is an option vs. a 1-month supply of your medication. Then request that your doctor send your 3-month prescription to Express Scripts® Pharmacy for home delivery to save you even more.

You can also:

Transfer an existing prescription to home delivery by clicking Add to Cart

For new prescriptions, you have three options:

- + Ask your doctor to send it to Express Scripts Pharmacy
- + Click the Request an Rx link on the online dashboard and we'll contact your doctor for you
- + Or print a home delivery form by selecting Forms under Benefits, then follow the mailing instructions

Sign up at
express-scripts.com
or scan this QR code.



3 Save more

Seeing your doctor? Ask if they use **Real-Time Prescription Benefit** to check for the most affordable pricing for you and to help avoid a coverage review like prior authorization.

If not, **use your online account during your visit to check pricing on any prescription**—a less costly option may be available that's just as effective. Request that medication instead.

These alternate options:

- + Help reduce costs and ensure you receive a safe and proven-effective medication
- + Usually are generic forms of brand-name drugs
- + Don't rely on coupons, which could cost you more over time

Ask about switching to generic medications to save money on your prescriptions.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug did.

Generics fall into two categories:

- + Direct chemical equivalent—a drug that has the same active ingredient as its brand-name counterpart
- + Therapeutic alternative—a drug that may not be chemically equivalent to the brand, but has the same therapeutic or treatment effect

Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.

FDA-approved generics must adhere to strict guidelines and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.



Simple

- + Get the most from your prescription benefit
- + Our dashboard makes it easy for members, with everything in one place

Generics

- + Greater simplicity and convenience
- + Ask your doctor, "Is there a generic for that?"

RTPB

- + Ask your doctor if they use Real-Time Prescription Benefit
- + Avoid a coverage review like prior authorization

Go digital

- + Empowering members with 24/7 support
- + Manage your medications on the go and on your schedule with the Express Scripts® mobile app



For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit express-scripts.com, download the Express Scripts mobile app or call the Member Services number on your digital ID card.



Member Services Quick Reference



Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

- Benefits Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage
- Clinical Programs
- Copays
- Deductible Issues

Paper Claims

Members can mail prescription receipts along with their prescription benefits manager's claim form to the address listed on their ID card or fax them to RxBenefits at 1-205-449-5225 to be processed for direct reimbursement.

Call: 800-334-8134 or **Email:** CustomerCare@RxBenefits.com
Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

Live Chat: My RxBenefits Member Portal member.rxbenefits.com
Monday-Friday, 9:00 a.m. to 6:00 p.m. Central

Go digital

For fast, simple and
secure access to your
prescription benefits

Express Scripts® Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan covers the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

Our pharmacy benefit capabilities



Save on medications

Check the price of a medication before and during a doctor's visit.



Find a pharmacy

Locate the most convenient network pharmacy for your needs.



Coverage review

Before a doctor prescribes a medication, check to see if it needs a coverage review.



Set reminders

Set reminders to take your medication and sign up for text alerts.

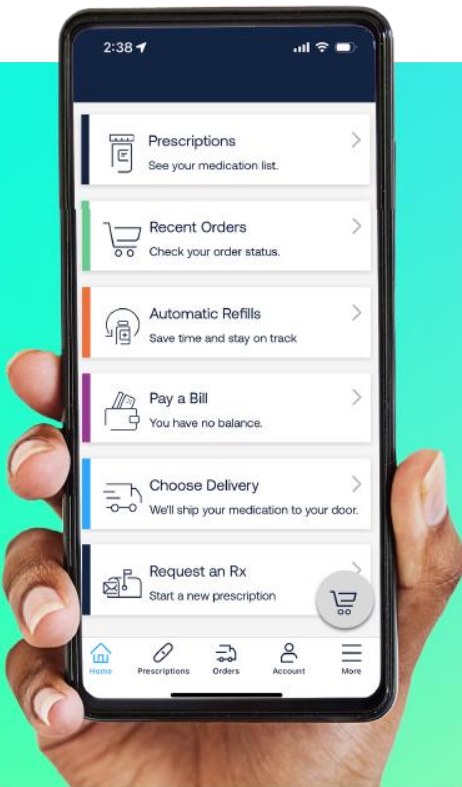
Get started now

Visit **express-scripts.com** to learn more about our pharmacy benefit services, so you can stress less and save more.

Download our new mobile app

Use the QR code or search Express Scripts® in your **app store**.

Download the app for free, then tap Register Now to get started.



Guide to Your Pharmacy Benefits



Who is RxBenefits?

Birmingham, AL-based RxBenefits is the industry's first and only pharmacy benefits optimizer (PBO), dedicated to helping clients contain rising pharmacy costs while ensuring employees have access to affordable, high-quality prescription medications. Our team of more than 1,000 multidisciplinary experts are dedicated to improving your safety, lowering overall drug costs, and helping you make the most of your prescription drug coverage.

How do I use my pharmacy benefits?

Your pharmacy benefits are a component of your company's insurance coverage plan and are designed to help you conveniently access your prescriptions at the best cost. Your pharmacy benefits give you access to a large retail pharmacy network that includes thousands of pharmacies throughout the U.S. That means you have convenient access to your prescriptions wherever you are – at home, at work, or even on vacation. Simply present your benefits ID card and prescription at a retail pharmacy in your plan's network. The pharmacist can use your prescription and member information to determine whether the medication you have been prescribed is covered by your plan, as well as your copayment or coinsurance.

Your Prescription Benefits Coverage (PBC) also has an overview of your plan benefits, including drug coverage, and other features important to you and your family. You can access your PBC from the My RxBenefits member portal.

You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your pharmacy benefits manager's (PBM's) website for more information. You can find a link to your PBM's website on the My RxBenefits member portal at Member.RxBenefits.com.

Note: If you choose a out-of-network pharmacy, you'll pay the full cost of your prescription upfront. Then, you'll need to submit a claim to your PBM for reimbursement. You can do this on your PBM's website, which you can access through a link in your My RxBenefits member portal.

How do I access the My RxBenefits member portal?

The My RxBenefits member portal gives you 24/7 online access to your account information, ID card, and prescription details. You can also chat with our Member Services team to address any questions. Register for the portal by visiting RxBenefits.com and clicking on "Member Portal."

What is a drug list/formulary?

All prescription benefits plans, including yours, use a "formulary" that may also be referred to as a drug list. The formulary/drug list contains brand-name and generic medications covered by your plan. All medications on the formulary have been approved by the U.S. Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors, including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about switching to a covered alternative.

You can confirm whether a particular medication is covered under your formulary/drug list on the My RxBenefits member portal, by chatting with Member Services, or calling the Member Services number on the back of your ID card. You can also refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

What is a prior authorization?

Certain prescription drugs may require a prior authorization (PA) review before you can fill the prescription under your insurance coverage. This is to ensure therapy is safe, appropriate, and cost efficient. When a medication requires a PA, your healthcare provider will need to submit a request along with supporting documentation which could include chart notes and lab work. A clinician will review these to ensure the medication is being prescribed in accordance with FDA approval criteria and clinical best practices, and that it is covered by your plan. If you use home delivery, your prescriber must obtain a PA before you can fill your prescription.

We never want you to go without appropriate medication to treat your condition. If you are having trouble filling a prescription because it requires a PA, please contact Member Services via the My RxBenefits member portal or by calling the number on the back of your ID card. We will assist you and your healthcare provider in getting the PA processed promptly.

What is the difference between generic and brand medications? How does it affect my benefits?

- **Are generic medications as safe and effective as brand-name drugs?**

Yes. Generic medications are regulated by the FDA and must be therapeutically equivalent to the brand-name drugs. They must have the same active ingredients, dosage form, strength, route of administration, and intended use.

- **Why are generic medications less expensive?**

A generic drug is introduced to the market only after the patent on its brand-name counterpart has expired. Once available, multiple manufacturers can produce the generic version, which increases market competition. As a result, generic drug manufacturers typically price their products lower than brand-name versions to remain competitive in the market.

- **How can I request a generic medication?**

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. If a generic is available but you choose the brand-name version instead, you may be responsible for up to the full cost of the medication.

Can my prescription be switched to a drug with a lower copayment?

If your prescriber prescribes a brand-name drug, you can ask them about switching to a lower-cost generic. You can also select lower-cost options from your PBM's website, where you manage your current prescriptions, along with information you can use to discuss switching your prescription with your prescriber.

How do I order medications using home delivery?

With home delivery you can safely and conveniently have your prescriptions delivered to your home, office, or location of your choosing. It may cost less than using a retail pharmacy and can help ensure you don't miss a dose. Simply ask your prescriber to send your prescription to your PBM's mail-order pharmacy.

I am going to be out of town for an extended period. How do I get an extra supply of drugs to cover me for that time?

If you are going to be out of town for an extended period and need extra medication, contact Member Services either through the My RxBenefits member portal or by calling the number on the back of your member ID card to request a vacation override. You must provide the Member Services representative with both the date you are leaving and the date you are returning. RxBenefits will override the quantity limits, and you can pick up your medication at your local pharmacy.

We are here to help

- **Chat:** With a live agent by registering for the RxBenefits member portal at Member.RxBenefits.com, Monday-Friday, 9:00 a.m. to 6:00 p.m. Central
- **Email:** CustomerCare@RxBenefits.com, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central
- **Call:** Talk to RxBenefits Member Services at 1-800-334-8134, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central



Access your pharmacy benefits information 24/7 from any device by registering on the My RxBenefits member portal at **Member.RxBenefits.com**.

Once registered, you can view and download your ID card, set up your communication preferences, access real-time prior authorization status and up to 18 months of PA and claims history, chat with a live agent, and so much more.

