RxBenefits

Prescription Benefit Coverage

University of Michigan Health | Administered by RxBenefits, Inc. and Express Scripts, Effective January 01, 2027

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.

Gold 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 – Generic Immunosuppressants	$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 – Generic Immunosuppressants	$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

Accumulations

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

The calendar year Maximum Out of Pocket applies to pharmacy and medical claims. Each individual family member must meet the individual Maximum Out of Pocket unless the family has been met by any two or more covered family members. 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/ Accredo Specialty Pharmacy	$75.00

Retail 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. Your employer has elected to enroll in Express Scripts' SaveOnSP program.

SaveOnSP – Copay Assistance:

Specialty medications are used to treat complex chronic conditions and have a high cost. Your employer is offering a copay assistance program coordinated by SaveOnSP. Enrolling in the program provides the opportunity for $0 cost on select specialty medications. If you choose not to enroll, your responsibility will be a 30% coinsurance. Please contact SaveOnSP at 800.683.1074 so a patient advocate can assist you with completing your enrollment.

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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.

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.

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 to check coverage.

Questions?

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- 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.

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

Questions?

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Exclusions

Coverage is not provided for:

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

Questions?

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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. 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 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?
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