

## PREScription DRUG COVERAGE

The prescription drug benefit is administered by Allegiant Rx, which is part of Allegiant Care. Allegiant Rx is contracted with OptumRx® to fill your 90-day supply prescriptions. This plan also allows you to fill a 90-day prescription at CVS in lieu of the OptumRx Mail Order Pharmacy.

In administering the benefit, Allegiant Rx uses a formulary. Under a formulary, certain drugs with therapeutic equivalent alternatives may not be covered without a Prior Approval (PA). Allegiant Rx also applies the limitations and guidelines for use and dosing established jointly by the United States Food and Drug Administration (FDA) and the drug manufacturers. Prescriptions that fall outside those limitations and guidelines will not be filled without a PA. In addition, in some instances, drugs that have less expensive therapeutic equivalent alternatives may be subject to the PA process. The Plan further has dosing limitations for certain medications such as those used for ED (erectile dysfunction). Always consult with the **Allegiant Rx Pharmacy Customer Service Center at 1-866-888-0103** if you have any questions concerning copay(s) or any limitations or restrictions that may apply to your medications.

Your prescription plan is determined automatically based on the medical plan you select. Following are the prescription benefit schedules that correspond with the medical plan options.

### SCHEDULE OF BENEFITS - BYO1 PLAN

If you enroll in the BYO1 Medical plan, the medical deductible does not apply to prescription drugs. You will pay a fixed copay for generic drugs and a percentage of the cost for brand and specialty drugs, up to a maximum per prescription as outlined in the table below. There is a separate out-of-pocket maximum for prescription drugs under the BYO1 plan.

Retail Pharmacies	Copay per Prescription
Preventive Drugs	No charge
Generic Drugs	\$10 copay
Brand Name Drugs - no generic available	25% coinsurance with \$20 min up to \$50 max;
Brand Name Drugs - generic is available	\$10 plus the cost difference between brand and generic
Specialty Drugs	25% coinsurance with \$20 min up to \$50 max
Mandatory Mail Order: You are allowed three fills of maintenance medications at retail pharmacies other than CVS. After 3 fills you must use the Mail Order Pharmacy or fill a 90-day prescription at CVS.	
Mail Order or CVS-90	Copay per Prescription
Generic Drugs	\$20 copay
Brand Name Drugs - no generic available	25% coinsurance with \$55 min up to \$135 max
Brand Name Drugs - generic is available	\$10 plus the cost difference between brand and generic
Specialty Drugs	25% coinsurance with \$20 min up to \$50 max
Deductible and Out-of-Pocket Limits	
Subject to the deductible	No
Prescription Out-of-Pocket Maximum	Separate limit of \$2,350 Individual/\$2,450 Family

## SCHEDULE OF BENEFITS - HDHP OPTIONS

If you enroll in one of the HDHP options, most prescription drugs are subject to the medical deductible associated with your selected plan. However, drugs that are considered preventive are not subject to the deductible. After you have satisfied the deductible (either through medical expenses, prescription expenses or a combination of both), the amount you pay to fill a prescription will depend on the type of drug, *i.e.*, brand, generic or preventive, and where the prescription is filled, *i.e.*, retail or mail order.

Retail Pharmacies	Copay per Prescription
Preventive Drugs	No charge
Generic Drugs	20% coinsurance after deductible
Brand Name Drugs -no generic available	20% coinsurance after deductible
Brand Name Drugs - generic is available	20% coinsurance after deductible, plus the cost difference between brand and generic
Specialty Drugs	20% coinsurance after deductible
Mandatory Mail Order: You are allowed three fills of maintenance medications at retail pharmacies other than CVS. After 3 fills you must use the Mail Order Pharmacy or fill a 90-day prescription at CVS.	
Mail Order or CVS-90	Copay per Prescription
Preventive Drugs	No charge
Generic Drugs	20% coinsurance after deductible
Brand Name Drugs - no generic available	20% coinsurance after deductible
Brand Name Drugs - generic is available	20% coinsurance after deductible, plus the cost difference between brand and generic
Specialty Drugs	20% coinsurance after deductible
Deductible and Out-of-Pocket Limits	
Subject to the deductible	Yes. Combined with the Medical Deductible associated with HDHP medical option you select
Prescription Out-of-Pocket Maximum	Combined with that Medical Out-of-Pocket Maximum associated with HDHP medical option you select

## GENERAL PLAN INFORMATION

### MANDATORY MAIL ORDER OR CVS-90

This plan allows you to fill maintenance medications up to three times at a retail pharmacy other than CVS. Maintenance medications are any medications taken long-term on a daily or regular basis. After the third fill at retail, you will be required to obtain a 90-day prescription to be filled through OptumRx's Mail Order Pharmacy or at your local CVS. If you continue to use a retail pharmacy other than CVS after the third fill, you will be charged the full cost of the drug and the cost does not count toward deductible or out-of-pocket maximum.

## **GENERIC VS. BRAND**

You will pay less for a generic prescription than for a brand name. Be sure to ask your doctor, whenever you get a new prescription, if the prescription is a generic. If not, ask if a therapeutically equivalent medication may be as effective and available in the generic form.

If you wish to fill a prescription for a brand name medication for which there is a generic available, you will not be able to fill the prescription at mail order and you must pay the generic copay or coinsurance plus the difference in cost between the generic medication and the brand name. In some instances, this could be a substantial cost.

## **PREVENTIVE MEDICATIONS**

Preventive care consists of measures taken for disease prevention as opposed to disease treatment. A high deductible health plan (HDHP) may but is not required to provide coverage for preventive services without cost-sharing. Your prescription plan does provide such coverage. Contraceptives and certain types of medications are considered “preventive” and are covered without a copay. The list of preventive medications is established by the Federal government and may change over time. Preventive medications included on the Health Care Reform (HCR) list will have zero copay. Medications included on the Expanded Preventive list will be subject to a copay. If you have any questions regarding these medications, please call the Allegiant Rx Customer Service Center at 1-866-888-0103.

## **RETAIL PURCHASES**

Retail benefits are available at most major pharmacies. Wal-Mart and Sam’s Club are excluded from the retail pharmacy network. Please present your Allegiant Rx Pharmacy card and ask the pharmacist to confirm their participation before filling your prescription. You may also visit **[www.myAllegiantRx.com](http://www.myAllegiantRx.com)** to locate a participating pharmacy. Maintenance medications should be filled through mail order or at your local CVS. You are limited to a 30-day supply for drugs filled at a retail pharmacy except for 90-day maintenance drug fills at CVS.

## **MAIL ORDER PURCHASES**

All mail-order prescriptions are processed through OptumRx. To best use your mail order option, please visit **[www.myAllegiantRx.com](http://www.myAllegiantRx.com)** and create your own account.

Once you create an account, you will be able to fill and renew prescriptions, track delivery, update credit card information and receive renewal reminders (after signing in). If you do not have internet access, you may call the Allegiant Rx Member Service Center at 1-866-888-0103 for assistance.

The OptumRx Mail Order Pharmacy will dispense up to a 90-day supply of a drug, subject to the prescription written by your physician and to the Allegiant Rx limitations. Purchasing maintenance medications through mail-order will save you money.

## **DIABETIC SUPPLIES**

Diabetic supplies are only covered through mail order or CVS. Some brands may not be covered under the formulary. Contact Allegiant Care at 1-866-888-0103 to ask which brand(s) are covered, and have your doctor write a 90-day prescription with three refills and submit the prescription as you would for your maintenance medications.

## **OUT-OF-POCKET MAXIMUM**

The out-of-pocket maximum is a cap that limits each year what members and families will pay for deductibles, coinsurances and copays. If the maximum is reached for an individual and/or family, the Plan covers all prescription costs for the remainder of the year. The maximum is determined by the medical plan chosen. Please see the prescription benefit schedule for your elected prescription plan.

## **SPECIALTY DRUG PURCHASES**

To provide certain specialty drugs that treat complex disease states, Allegiant Rx has partnered with Optum Specialty Pharmacy. Some examples of these disease states include Cancer, Hepatitis C, Cystic Fibrosis, Hemophilia, HIV/AIDS, Crohn's Disease and Multiple Sclerosis.

A team of patient service representatives, care coordinators, nurses and pharmacists maintain regular contact with patients to help best manage treatment. They specialize in patient education, administration and delivery of drugs, and they provide a comprehensive approach to managing specialty therapy for optimal use and patient safety.

The specialty pharmacy will ship these medications directly to you or, in some cases, directly to your physician's office. To process a specialty prescription, you must provide the specialty pharmacy with a credit card or other payment information.

Please note that specialty medications are limited to a 30-day supply.

## **BIO-SIMILAR MEDICATIONS**

Bio-similar medications are FDA approved drugs that show no clinically meaningful differences in safety or effectiveness, compared to the original biologic drug.

As new bio-similar drugs become available and a member wishes to fill their prescription with the original specialty drug, the member will be responsible for the brand copay plus the difference in cost between the original medication and the bio-similar.

## **STANDARD EXCLUSIONS**

- No coverage for weight loss medications
- No coverage for lost, stolen or spilled medications
- No coverage for drugs or medicines available without a physician's prescription
- No coverage for prescriptions payable under a worker's compensation law or other related law or statute
- No coverage for drugs dispensed in a hospital, physician office, nursing home, or other facility
- No coverage for hair loss or drugs for cosmetic use
- No coverage for Biological sera
- No coverage for experimental drugs or experimental use of approved drugs
- No coverage for baby formula
- No coverage for infertility medication
- No coverage for medical foods, food supplements, nutritional supplements, vitamin supplements or iron vitamin supplements.