RxBenefits

Prescription Benefit Coverage

SISIT | Administered by RxBenefits, Inc. and Caremark RxClaim, Effective January 1, 2021

Note: *Members may contact RxBenefits Member Services at 1.800.334.8134 or visit caremark.com . If there are any additional questions, please contact your Human Resource Department.*

PPO HSA Plan 1

Retail Pharmacy Coverage (1-30 day supply)	In Network Pharmacy
Generic	$20.00
Preferred Brand	$50.00
Non-Preferred Brand	$80.00
Generic Out of Network	Greater Of $60.00 or 50% Coinsurance
Preferred Brand Out of Network	Greater Of $60.00 or 50% Coinsurance
Non-Preferred Brand Out of Network	Greater Of $60.00 or 50% Coinsurance

Mail Order Extended Supply (1-90 day supply)	In Network Pharmacy
Generic	$40.00
Preferred Brand	$100.00
Non-Preferred Brand	$160.00

Accumulations

Deductible Embedded	$3000 Individual/ $6000 Family
Deductible Embedded Out of Network	$6000 Individual/ $12000 Family

Maximum Out of Pocket (MOOP) Embedded	$4000 Individual/ $8000 Family
Maximum Out of Pocket (MOOP) Embedded Out of Network	$12000 Individual/ $24000 Family

The calendar year Deductible applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays above. The Deductible does apply to the Maximum Out of Pocket (MOOP).
The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

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 Caremark, Caremark RxClaim's specialty pharmacy by calling Caremark at 1.800.237.2767. 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. Caremark Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication Copays	Caremark
Specialty Generic	$20.00
Specialty Preferred Brand	$50.00
Specialty Non-Preferred Brand	$80.00

PPO HSA Plan 2

Retail Pharmacy Coverage (1-30 day supply)	In Network Pharmacy
Generic	0% Coinsurance
Preferred Brand	0% Coinsurance
Non-Preferred Brand	0% Coinsurance
Generic Out of Network	30% Coinsurance
Preferred Brand Out of Network	30% Coinsurance
Non-Preferred Brand Out of Network	30% Coinsurance

Mail Order Extended Supply (1-90 day supply)	In Network Pharmacy
Generic	0% Coinsurance
Non-Preferred Brand	0% Coinsurance
Preferred Brand	0% Coinsurance

Accumulations

Deductible Embedded	$6000 Individual/ $12000 Family
Deductible Embedded Out of Network	$12000 Individual/ $24000 Family

Maximum Out of Pocket (MOOP) Embedded	$6000 Individual/ $12000 Family
Maximum Out of Pocket (MOOP) Embedded Out of Network	$12000 Individual/ $24000 Family

The calendar year Deductible applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays above. The Deductible does apply to the Maximum Out of Pocket (MOOP).

The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

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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 Caremark, Caremark RxClaim's specialty pharmacy by calling Caremark at 1.800.237.2767. 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. Caremark Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication Copays	Caremark
Specialty Generic	0% Coinsurance
Specialty Preferred Brand	0% Coinsurance
Specialty Non-Preferred Brand	0% Coinsurance

PPO Plan

Retail Pharmacy Coverage (1-30 day supply)	In Network Pharmacy
Generic	$20.00
Preferred Brand	$50.00
Non-Preferred Brand	$80.00
Generic Out of Network	Greater Of $30.00 or 50% Coinsurance
Preferred Brand Out of Network	Greater Of $30.00 or 50% Coinsurance
Non-Preferred Brand Out of Network	Greater Of $30.00 or 50% Coinsurance

Mail Order Extended Supply (1-90 day supply)	In Network Pharmacy
Generic	$40.00
Preferred Brand	$100.00
Non-Preferred Brand	$160.00

Accumulations

Maximum Out of Pocket (MOOP) Embedded	$4350 Individual/ $8700 Family
Maximum Out of Pocket (MOOP) Embedded Out of Network	Unlimited

The calendar year MOOP applies to pharmacy claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

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Specialty Medication Copays	Caremark
Specialty Generic	$20.00
Specialty Preferred Brand	$50.00
Specialty Non-Preferred Brand	$80.00

PrudentRx

Specialty medications are used to treat complex chronic conditions; they mimic compounds found within the human body. These high-cost oral or injectable medications are typically biology-based and highly complex. SISIT is offering the PrudentRx Co-Pay program to help you manage the cost of these medications by applying financial co-pay assistance from drug manufacturers. By enrolling in the PrudentRx program, your out-of-pocket costs for covered medications would be $0.

If you currently take one or more medications included in the PrudentRx Program Drug List, you'll receive a welcome letter and phone call from PrudentRx with specific information about the program and your medication. The PrudentRx patient advocate will help you enroll in the PrudentRx Co-Pay Program if you choose, along with other available manufacturer co-pay assistance programs. For more information, please contact PrudentRx at 1.888.203.1768.

Preventive Medications

The medications on the HDHP Standard Preventive Drug List are covered with a $20 copay and will bypass the Deductible.

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 *caremark.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.

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.

Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Caremark RxClaim 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 Standard with ACSF Formulary may not be covered. Your formulary is Standard with ACSF.

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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 Caremark RxClaim formulary provides an up-to-date list of medications that may be covered by the program. The Caremark RxClaim formulary may be found online at caremark.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 caremark.com to check coverage.

- ACA Preventative Services List
- ADHD/ADD
- Androgen
- Contraceptives
- Diabetic Medication (Insulin/Non-Insulin)
- Diabetic Supplies (Blood Glucose Meters)
- Diabetic Supplies (Lancets, Test Strips)
- Diabetic Supplies (Syringes & Needles)
- Fluoride
- Growth Hormones
- Insomnia/Sedatives/Hypnotics
- Legend Drug Compounds
- Legend Vitamins (Rx)
- Migraine Medications
- Narcolepsy
- OTCs
- Pain/Narcotics/Opioids
- Respiratory Supplies
- Smoking Cessation Products
- Specialty Medications
- Topical Acne 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.

- Gastrointestinal-Antimetics
- Influenza
- Insomnia/Sedative Hypnotics
- Migraines
- Opioids

For more information about specific drugs subject to coverage limitations, please call RxBenefits Member Services at 1.800.334.8134 or visit caremark.com.

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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. If denied, the appeal process is available.

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

- ADD/ADHD
- Fentanyl
- Growth Hormones
- 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:

- Allergy Serums (Injectable & Oral)
- Anabolic Steroids
- Anti-Obesity/Anorexiants/Appetite Suppressant
- Blood Products/Blood Serum
- Bulk Powder Compounds
- Cosmetics
- Diabetic Supplies (Alcohol Swabs)
- Diabetic Supplies (Pumps & Supplies)
- Erectile Dysfunction
- Experimental Medications
- Fertility Medications (Injectable & Oral)
- Glucose (Oral)
- HSDD (i.e., Addyi)
- Medical / Therapeutic Devices (Inc. DME)
- Needles & Syringes (Non-Insulin)
- Non-ACA Vaccines
- Nutritional Supplements
- Periodontal Products

Retail and Mail Order Pharmacies

SISIT participates in the Caremark RxClaim 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 separate pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact RxBenefits Member Services at 1-800-334-8134 for pharmacy processing information.

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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 Caremark RxClaim 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 Caremark RxClaim Preferred. This list is subject to periodic review and modifications by Caremark RxClaim. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on caremark.com. Members pay a lower Copayment for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

For More Information About the Prescription Benefit Coverage
SISIT has partnered with Caremark RxClaim and RxBenefits to provide prescription drug benefits. Caremark RxClaim serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, caremark.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.