

South Central Indiana School Trust

PPO 1800

Your prescription copayments at a glance

Copayment phase: You pay the copayment amounts listed in the chart below until you reach your out-of-pocket maximum of \$3,300 Per Individual and \$6,600 Per Family.

100 percent coverage phase: Once you've reached your out-of-pocket maximum, including your deductible, your plan pays 100 percent of eligible medical and prescription drug expenses for the remainder of the benefit year.

	At a retail pharmacy	Through home delivery
Generic drugs	\$10 up to 34-day supply	\$20 up to 90-day supply
Preferred brand-name drugs	\$30 up to 34-day supply	\$60 up to 34-day supply
Nonpreferred brand-name drugs	\$45 up to 34-day supply	\$90 up to 90-day supply
Specialty drugs	\$100 up to 34-day supply	NA

Note: If you request a brand-name medication when a generic equivalent is available, you will pay the applicable copayment, plus the difference in cost between the brand and the generic.

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it's in our network. You can also log in to OptumRx.com and select "Locate a pharmacy" from the menu under "Manage Prescriptions."

Use generics and preferred medications. If you are taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, log in to OptumRx.com and select "Learn about Formularies" from the "Health & Benefits Information" menu.

KEEP THIS INFORMATION

**For more information about your benefit, log in to OptumRx.com
Or call Member Services toll-free at 855-524-0381.**

Prior authorization: When is a coverage review necessary?

Some medications are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, OptumRx asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in to OptumRx.com anytime, select "Price a medication" under "Manage Prescriptions", and search for your medication. On the pricing results page, select "View coverage notes" to see coverage details.

Specialty medications: Get individualized service through OptumRx Specialty.

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. OptumRx Specialty, an OptumRx specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through OptumRx Specialty, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders
- Up to a 30-day supply of your specialty medication for just one copayment

CVS 90 Saver Plus

CVS 90 Saver Plus allows members two 30-day courtesy fills at any network pharmacy before a member penalty is triggered. Once the member has used their courtesy fills, the member must switch to a 90-day supply at an in-network pharmacy or pay 100% of the prescription cost.

Prescription Drug Benefits

Prescription Drugs, unless otherwise stated below, must be Medically Necessary and not Experimental/Investigative, in order to be Covered Services. For certain Prescription Drugs, the prescribing Physician may be asked to provide additional information before the Plan or OptumRx can determine Medical Necessity. The Plan may, in its sole discretion, establish quantity and/or age limits for specific Prescription Drugs which OptumRx will administer. Covered Services will be limited based on Medical Necessity, quantity and/or age limits established by the Plan or OptumRx, or utilization guidelines.

Covered Prescription Drug Benefits

- Prescription Legend Drugs.
- Specialty Drugs.
- Fluoride supplement prescriptions when prescribed by a dentist. No age limit restriction.
- Injectable insulin and syringes used for administration of insulin.

- Oral contraceptive Drugs, injectable contraceptive drugs and patches are covered when obtained through an eligible Pharmacy.
- Certain supplies and equipment obtained by Mail Service or from a Network Pharmacy (such as those for diabetes and asthma) are covered without any Copayment/Coinsurance. Contact OptumRx to determine approved covered supplies. If certain supplies, equipment or appliances are not obtained by Mail Service or from a Network Pharmacy then they are covered as Medical Supplies, Equipment and Appliances instead of under Prescription Drug benefits.
- Injectables.
- Prescription Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products. Benefits include approved smoking cessation products, including over the counter nicotine replacement products, when obtained with a Prescription for a Member age 18 or older.
- Medical food that is Medically Necessary and prescribed by a Physician for the treatment of an inherited metabolic disease. Medical food means a formula that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and formulated to be consumed or administered enterally under the direction of a Physician.
- Treatment of Onychomycosis (toenail fungus).
- Any Drug which is primarily for weight loss.
- Immunizations required by the "Preventive Care" benefit.
- Compound drugs when a commercially available dosage form of a Medically Necessary medication is not available, all the ingredients of the compound drug are FDA approved and require a prescription to dispense, and are not essentially the same as an FDA approved product from a drug manufacturer. Non-FDA approved, non-proprietary, multisource ingredients that are vehicles essential for compound administration may be covered.

Non Covered Prescription Drug Benefits

- Prescription Drugs dispensed by any Mail Service program other than the OptumRx's Mail Service, unless prohibited by law.
- Off label use, except as otherwise prohibited by law or as approved by OptumRx.
- Drugs in quantities exceeding the quantity prescribed, or for any refill dispensed later than one year after the date of the original Prescription Order.
- Drugs not approved by the FDA.
- Charges for the administration of any Drug.
- Drugs consumed at the time and place where dispensed or where the Prescription Order is issued, including but not limited to samples provided by a Physician. This does not apply to Drugs used in conjunction with a Diagnostic Service, with Chemotherapy performed in the office or Drugs eligible for coverage under the Medical Supplies benefit; they are Covered Services.
- Drugs not requiring a prescription by federal law (including Drugs requiring a prescription by state law, but not by federal law), except for injectable insulin.
- Drugs in quantities which exceed the limits established by the Plan, or which exceed any age limits established by the Plan.

- Any new FDA Approved Drug Product or Technology (including but not limited to medications, medical supplies, or devices) available in the marketplace for dispensing by the appropriate source for the product or technology, including but not limited to Pharmacies, for the first six months after the product or technology received FDA New Drug Approval or other applicable FDA approval. The Plan may at its sole discretion, waive this exclusion in whole or in part for a specific New FDA Approved Drug Product or Technology.
- Drugs for treatment of sexual or erectile dysfunctions or inadequacies, regardless of origin or cause.
- Fertility Drugs.
- Drugs in quantities which exceed the limits established by the Plan.
- Human Growth Hormone for children born small for gestational age. It is only a Covered Service in other situations when allowed by the Plan through Prior Authorization.
- Compound Drugs all of the ingredients are FDA-approved and require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.
- Certain Prescription Legend Drugs are not Covered Services when any version or strength becomes available over the counter. **Please contact OptumRx for additional information on these Drugs.**
- Refills of lost or stolen medications.

Definitions

Any terms not defined below shall be defined by the Anthem benefits booklet.

Brand Name Drug - The first version of a particular medication to be developed or a medication that is sold under a pharmaceutical manufacturer's own registered trade name or trademark. The original manufacturer is granted a patent, which allows it to be the only company to make and sell the new drug for a certain number of years.

Covered Services - Services, supplies or treatment as described in the Anthem benefits booklet or this document which are performed, prescribed, directed or authorized by a Provider. To be a Covered Service the service, supply or treatment must be:

- Medically Necessary or otherwise specifically included as a benefit under the Plan.
- Within the scope of the license of the Provider performing the service.
- Rendered while coverage under the Plan is in force.
- Not Experimental/Investigative or otherwise excluded or limited by the Anthem benefits booklet or this document, or by any amendment or rider thereto.
- Authorized in advance by Anthem or OptumRx, on behalf of the Trust, if such Prior Authorization is required.

A charge for a Covered Service is incurred on the date the service, supply or treatment was provided to you. The incurred date (for determining application of Deductible and other cost share amounts) for an Inpatient admission is the date of admission except as otherwise specified in benefits after termination.

Covered Services do not include any services or supplies that are not documented in Provider records.

Experimental/Investigative - Any Drug, biologic, device, Diagnostic, product, equipment, procedure, treatment, service, or supply used in or directly related to the diagnosis, evaluation, or treatment of a disease, injury, illness, or other health condition which OptumRx or Anthem, on behalf of the Trust, determines to be unproven.

Formulary - The list of pharmaceutical products, developed in consultation with Physicians and pharmacists, approved for their quality and cost effectiveness.

Generic Drugs - Prescription Drugs that have been determined by the FDA to be equivalent to Brand Name Drugs, but are not made or sold under a registered trade name or trademark. Generic Drugs have the same active ingredients, meet the same FDA requirements for safety, purity, and potency and must be dispensed in the same dosage form (tablet, capsule, cream) as the Brand Name Drug.

Mail Service - The OptumRx Prescription Management program offers you a convenient means of obtaining maintenance medications by mail if you take Prescription Drugs on a regular basis. Covered Prescription Drugs are ordered directly from the licensed Pharmacy Mail Service and sent directly to your home.

Medically Necessary/Medical Necessity - An intervention that is or will be provided for the diagnosis, evaluation and treatment of a condition, illness, disease or injury and that is determined by Anthem or OptumRx to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the Member's condition, illness, disease or injury;
- Obtained from a Provider;
- Provided in accordance with applicable medical and/or professional standards;
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes;
- The most appropriate supply, setting or level of service that can safely be provided to the Member and which cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained in a less comprehensive setting);
- Cost-effective compared to alternative interventions, including no intervention. Cost effective does not always mean lowest cost. It does mean that as to the diagnosis or treatment of the Member's illness, injury or disease; the service is not more costly than an alternative service or sequence of services that is medically appropriate.
- Not Experimental/Investigative;
- Not primarily for the convenience of the Member, the Member's family or the Provider.
- Not otherwise subject to an exclusion under this Benefit Booklet.

The fact that a Provider may prescribe, order, recommend, or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies Medically Necessary or a Covered Service and **does not** guarantee payment.

Network Specialty Pharmacy - A Pharmacy which has entered into a contractual agreement or is otherwise engaged by OptumRx to provide Specialty Drug services and certain administrative functions to you for the Specialty Pharmacy Network.

Plan – The group health plan provided by the South Central Indiana School Trust.

Prescription – A legal request, written by a Provider, for a Prescription Drug or medication and any subsequent refills.

Prescription Legend Drug, Prescription Drug, or Drug (also referred to as Legend Drug) – A medicine that is approved by the Food & Drug Administration (FDA) to treat illness or injury. Under the Federal Food, Drug and Cosmetic Act, such substances must bear a message on its original packing label that says, “Caution: Federal law prohibits dispensing without a prescription.” This includes the following:

- Compounded (combination) medications, when one or more ingredients are FDA-approved, require a prescription to dispense, and are not essentially the same as an FDA-approved product from a drug manufacturer.
- Insulin.

Provider – A duly licensed person or facility that provides services within the scope of an applicable license and is a person or facility that the Plan approves. This includes any Provider rendering services which are required by applicable state law to be covered when rendered by such Provider.