RxBenefits

Prescription Benefit Coverage

Jefferson City School District | Administered by RxBenefits, Inc. and OptumRx,
Effective July 1, 2026

Note: *Members may contact RxBenefits Member Services at 1.800.334.8134 or visit optumrx.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.*

HSA Plan (003, 004) and Retirees Under 65

Accumulations

Deductible Non-Embedded	$1,800.00 Individual/ $3,600.00 Family
Maximum Out of Pocket (MOOP) Non-Embedded	$4,500.00 Individual/ $9,000.00 Family

The plan 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 plan 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.

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	$10.00
Preferred Brand	20% Co-insurance ($100.00 Maximum)
Non-Preferred Brand	20% Co-insurance ($200.00 Maximum)

Retail Pharmacy Coverage (31-90 Day Supply)	In Network Pharmacy
Maintenance Generic	$20.00
Maintenance Preferred Brand Medications	20% Co-insurance ($200.00 Maximum)
Maintenance Non-Preferred Brand Medications	20% Co-insurance ($400.00 Maximum)

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	$20.00
Preferred Brand	20% Co-insurance ($200.00 Maximum)
Non-Preferred Brand	20% Co-insurance ($400.00 Maximum)

Questions?

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

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 OptumRX specialty pharmacy by calling OptumRX at 1.855.427.4682. Some exceptions apply. These medications 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 copay/co-insurance as listed below. OptumRX Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication	OptumRX
Specialty 30 DS	20% Coinsurance ($300.00 Maximum)
Specialty 90 DS	20% Coinsurance ($600.00 Maximum)

Retail and Mail Order Pharmacies

Jefferson City School District participates in the OptumRx 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 Optum's Copay Card Accumulator Adjustment program.

Generic Policy - Dispense As Written (DAW)

If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Brand copay/coinsurance plus the difference in cost between the Generic and Brand name drug.

Maintenance Drug

A medication that is used for chronic health conditions on an ongoing or long-term basis (e.g., antihypertensive medication taken daily to control high blood pressure). Your plan allows maintenance medications to be filled in 90-day supplies by mail order pharmacy or at a retail pharmacy location.

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. If enrolled in the HSA Plan, medications on the Generic Medication Preventive Medications List will bypass the Deductible and be processed at a $0 copayment. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at *optumrx.com* to check drug costs and coverage.

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.

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.

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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 OptumRx 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 Select Formulary may not be covered. Your formulary is Select.

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

- ADHD/ADD
- Abortifacients
- ACA Preventative Services List
- ACA Contraceptive(oral,cycl,inject,ring)
- ACA Contraceptive (Implant & IUD)
- Allergy Serums(Injectable & Oral)
- Androgen
- DEA Schedule V Products
- Diabetic Medications (Non-Insulin)
- Diabetic Supplies (Blood Glucose Meters)
- Diabetic Supplies(lancet, Strips, Swabs)
- Diabetic Supplies (Syringes & Needles)
- Narcolepsy
- Non-ACA Vaccines
- Smoking Cessation Products
- Specialty Medications

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-Anxiety Medications
- Anticoagulants
- Anticonvulsants
- Antidepressants
- Anti-Diabetic Agents
- Anti-Inflammatory Eye Agents
- Anti-Nausea Agents
- Antipsychotic Agents
- Asthma and COPD Agents
- Contraceptives
- Glaucoma Agents
- Irritable Bowel Syndrome(IBS) Agents
- Migraine Agents
- Nasal Steroids
- Non-Opioid Analgesics
- Opioid Analgesics
- Proton Pump Inhibitors
- Sleep Agents
- Smoking Cessation 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 optumrx.com.

Questions?

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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. 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:

- Acne Oral Medications
- Acne Topical Agents
- ADHD Medications
- Allergen Extracts
- Opioid Analgesics
- Anticonvulsants
- Anti-Infective Agents
- Diabetic Agents
- Drug Devices
- Hypoactive Sexual Desire Disord HSDD
- Dry Eye Syndrome Agents
- Irritable Bowel Syndrome(IBS) Agents
- Non ADHD Stimulant
- Specialty Medications
- Testosterone

Exclusions

Coverage is not provided for:

- Abortifacients
- Anabolic Steroids
- Anti-Obs/Anorexiants/Appetite Suppresant
- Bulk Powder Compounds
- Diabetic Supplies (Pumps & Supplies)
- Dietary Management
- Electrolyte Replacement
- Erectile Dysfunction
- Fertility Medications(Injectable & Oral)
- Fluoride (Topical with Prescription)
- Homeopathics
- HSDD (i.e., Addyi)
- Nutritional Supplements
- Multi-Vitamins
- Multi-Vitamin w/ Iron
- Multi-Vitamin w/ Fluoride

Discount Program

Price Edge (Optum): Your employer is offering a seamless point of sale discount on non-specialty generic drugs and some non-covered products. If available for your medication, this discount will be applied with no action from you, and be captured as part of your benefit.

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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 OptumRx 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 OptumRx Preferred. This list is subject to periodic review and modifications by OptumRx. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on optumrx.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
Jefferson City School District has partnered with OptumRx and RxBenefits to provide prescription drug benefits. OptumRx serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.
The website, optumrx.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.

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