



Rx 40% Prescription Drug Summary

How To Use The Prescription Drug Card

~ Benefits subject to state approval ~

To ensure the highest level of benefits please select an ODS in-network pharmacy. We can help you find an in-network pharmacy. Please visit us online at www.odscompanies.com or call ODS Pharmacy Customer Service. Your ODS member identification card (ID) will provide the in-network pharmacy the information necessary to process your claim and allow you to access your Rx benefits at the point of service. Please remember to present your ODS ID card to ensure your pharmacy has the most current benefit detail loaded in their system.

Drug Type	Retail 30-day supply	Mail-Order 90-day supply	Specialty 30-day supply
Essential Benefit Annual Maximum (Medical & Rx)	\$2,000,000		
Generic	40% coinsurance	40% coinsurance	N/A
Brand	40% coinsurance	40% coinsurance	N/A
Specialty	N/A	N/A	40% coinsurance
Orphan	N/A	N/A	40% coinsurance

Generic medications are generic drugs that represent the most cost effective option within their therapeutic category. This category may include certain brand medications that have been identified as favorable from a clinical and cost effective perspective.

Brand medications, including specialty brand drugs, have been reviewed by ODS and do not have significant therapeutic advantage over their preferred alternative(s).

Specialty medications are often used to treat complex chronic health conditions. Specialty treatments often require special handling techniques, careful administration and a unique ordering process. Specialty drugs must be prior authorized and medically necessary.

Orphan drugs are considered specialty medications that have been developed to treat a rare medical condition. The Food and Drug Administration (FDA) closely regulates medications with orphan drug status and supports the research and development of these products. Orphan drugs must be prior authorized and medically necessary.

Brand Substitution: Both generic and brand medications are covered. If a member requests, or the treating physician prescribes, a brand drug when a generic equivalent is available, the member will be responsible for the brand copay or coinsurance plus the difference in cost between the generic and brand drug.

Covered Drug Supply

- Insulin and diabetic supplies including insulin syringes, needles and lancets, glucometers and test strips, and glucose tablets when accompanied by a valid prescription
- Compounded medications containing at least one covered drug as an ingredient.
- Select federal legend prescription prenatal vitamins.
- Contraceptive drugs and devices used for medical reasons and for birth control.
- Select immunizations and related administration fees are covered at 100% at in-network retail pharmacies (e.g. influenza, pneumonia and shingles vaccines). Covered immunizations will be limited to those that are recommended by the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention for children and adults. Immunizations for the sole purpose of travel or to prevent illness that may be caused by your work environment are not covered.

Retail Prescription Benefit

- A 30-day supply of a drug or medicine that is medically necessary for the treatment of an illness or injury, that cannot legally be dispensed without a prescription, and that by law it must bear the legend "Caution - federal law prohibits dispensing without prescription."

Mail Order Pharmacy Benefit

- Members have the option of obtaining prescriptions for covered drugs and medicines through an exclusive mail order pharmacy.
- Each mail order prescription is limited to a 90-day supply per prescription.
- A mail order pharmacy form can be obtained on myODS or by contacting ODS' Pharmacy Customer Service Department.

Specialty Pharmacy Benefit

- Specialty prescriptions are limited to a 30-day supply maximum per prescription. Some specialty prescriptions may have shorter day supply coverage limits. In addition, these drugs require prior authorization.
- Members prescribed specialty medications (including orphan drugs) have access to enhanced clinical services and an exclusive specialty pharmacy provider. Specialty medications must be purchased through an exclusive specialty pharmacy provider to be a covered benefit. **If a member does not purchase these drugs at the exclusive specialty pharmacy provider, the drug expense will not be covered.**

Prior Authorization

Certain prescription drugs and/or quantities of prescription drugs may require prior authorization. A complete list of drugs that require prior authorization is available on myODS or by contacting ODS' Pharmacy Customer Service Department. Failure to obtain required prior authorization may result in denial of benefits. Prior authorization programs are not intended to create barriers or limit access to medications. Medications requiring prior authorization are evaluated with respect to evidence based criteria that align with medical literature, best practice clinical guidelines and guidance from the FDA. Requiring prior authorization ensures member safety, promotes proper use of medications and supports cost effective treatment options for members.

Limitations

To ensure appropriate access to medications, the following limitations apply:

- Retail prescriptions with net cost over \$1,000 retail, and mail order and specialty prescriptions with a net cost over \$3,000 will require authorization.
- Compounded medications with a net cost over \$150 for a 30-day supply will require authorization.
- New FDA approved drugs are subject to review and may require additional coverage requirements or limits established by the plan.
- Select specialty medications may be limited to a 15-day supply for some drugs.

Exclusions

The following services, procedures and conditions are not covered by the Plan, even if otherwise medically necessary or if recommended, referred, or provided by a professional provider, pharmacist or pharmacy. In addition, any direct complication or consequence that arises from these exclusions will not be covered.

- **Charges Over the Maximum Plan Allowance.** Any charge in excess of the maximum plan allowance for a drug.
- **Cosmetic.** Drugs prescribed or used for cosmetic purposes.
- **Devices.** Devices, including, but not limited to therapeutic devices and appliances.
- **Drug Administration.** A charge for administration or injection of a drug or medicine is not covered, except when administered for selected medications at retail pharmacies.
- **Drugs Covered Under Another Benefit.** A drug that is covered under another plan benefit (i.e. home health, medical, etc.).
- **Experimental or Investigational Drugs.**
- **Gender Reassignment.** Drugs prescribed (such as hormone supplements) to support gender reassignment.
- **Hair Growth Drugs.**
- **Immunization agents** for travel are not covered.
- **Infertility Drugs.**
- **Institutional Drugs or Medicine.** Drugs or medications that are to be taken by or administered to a member in whole or in part while the member is a patient in a hospital, a sanitarium, a rest home, a skilled nursing facility, an extended care facility, a nursing home, or a similar institution.
- **Non-Covered Condition.** A drug prescribed for purposes other than to treat a covered medical condition.
- **Nutritional Supplements and Medical Foods** are not covered, unless determined to be medically necessary.
- **Off-label Usage.** Drugs prescribed for or used for non-FDA approved indications, unless approved by the Health Resources Commission, are not covered.
- **Over the Counter (OTC) Drugs** and prescription medications for which there is an OTC equivalent or alternative.
- **Repackaged Medications.**
- **Replacement Medications and/or Supplies.** A replacement supply for reasons including but not limited to lost, stolen, destroyed or damaged medications are not covered.
- **Sexual Disorders.** Drugs or devices prescribed or used to treat sexual dysfunction.
- **Treatment Not Medically Necessary.**
- **Untimely Dispensing.** Drugs or medicines that are dispensed more than one year after the order of a physician are not covered.
- **Vitamins and Minerals.** The Plan does not cover over-the-counter (OTC) vitamins and minerals.
- **Weight Loss Drugs.**

This is a benefit summary only. For a complete description please refer to your member handbook.

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