



# Prescription Benefit Coverage

**CA Times | Administered by RxBenefits, Inc. and Express Scripts, Effective January 1, 2025**

*Note: Members may contact RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](https://www.express-scripts.com). If there are any additional questions, please contact your Human Resource Department.*

## HDHP Plan

| Retail Pharmacy Coverage (01-30-day supply) |  | In Network Pharmacy |
|---------------------------------------------|--|---------------------|
| Generic                                     |  | 20% Coinsurance     |
| Preferred Brand                             |  | 20% Coinsurance     |
| Non-Preferred Brand                         |  | 20% Coinsurance     |

| Retail Pharmacy Coverage (31-90-day supply) |  | In Network Pharmacy |
|---------------------------------------------|--|---------------------|
| Generic                                     |  | 20% Coinsurance     |
| Preferred Brand                             |  | 20% Coinsurance     |
| Non-Preferred Brand                         |  | 20% Coinsurance     |

| Mail Order Extended Supply (31-90-day supply) |  | In Network Pharmacy |
|-----------------------------------------------|--|---------------------|
| Generic                                       |  | 20% Coinsurance     |
| Preferred Brand                               |  | 20% Coinsurance     |
| Non-Preferred Brand                           |  | 20% Coinsurance     |

## Accumulations

|                         |                                  |
|-------------------------|----------------------------------|
| Deductible Non-Embedded | \$3375 Individual/ \$6750 Family |
|-------------------------|----------------------------------|

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| Maximum Out of Pocket (MOOP) Embedded | \$6750 Individual/ \$13500 Family |
|---------------------------------------|-----------------------------------|

The calendar 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 (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%. Generic Dispense as Written policy does not apply to the MOOP.

## 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 Accredo, Express Scripts' specialty pharmacy by calling Accredo at 1.800.803.2523. Some exceptions apply. These medications are limited up to a 90 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. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

| Specialty Medication Copays   | Accredo         |
|-------------------------------|-----------------|
| Specialty Generic             | 50% Coinsurance |
| Specialty Preferred Brand     | 50% Coinsurance |
| Specialty Non-Preferred Brand | 50% Coinsurance |

## 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 Generic copay 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). The Prescription Drug Card Program will only cover maintenance medications through the Express Scripts Mail Order pharmacy or your local Walgreens pharmacy. Maintenance medications are those that treat an ongoing condition such as high blood pressure, diabetes or contraception. You can get up to two fills (original and 1 refill) from your local participating pharmacy. After that, the program will cover the medication ONLY if you order it from the Express Scripts Mail Order pharmacy or a local Walgreens Pharmacy.

## 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. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [express-scripts.com](http://express-scripts.com) to check drug costs and coverage.

If enrolled in the **HDHP Plan**, the medications on the **Standard Generic and Brand Preventive Medications List** are covered at no cost to you and will bypass the Deductible.

## Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Express Scripts 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 National Preferred Formulary may not be covered. Your formulary is National Preferred.

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 Express Scripts formulary provides an up-to-date list of medications that may be covered by the program. The Express Scripts formulary may be found online at [express-scripts.com](http://express-scripts.com). You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.

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## 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 [express-scripts.com](https://www.express-scripts.com) to check coverage.

- Federal Legend Drugs
- Insulin
- OTC Diabetic Supplies
- Self Injectable Medications
- Specialty Medications
- Hemophilia Factors
- Impotency Drugs
- Anti-Obesity/Anorexiant
- Nutritional Supplements Rx Only
- Prescription Vitamins
- Inhaler Assisting Devices
- Non-Insulin Syringes
- Allergy Extracts
- Oral, Extended Cycle, Transdermal, Intravaginal, Contraceptives ACA
- Emergency Contraceptives
- Injectable Contraceptives
- Diaphragms & Cervical Caps
- IUDs
- Implantable Contraceptives
- OTC Contraceptives
- Smoking Cessation (Rx)
- Smoking Cessation (OTC)
- HCR/ACA Vaccines

## 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:

- OTC Products
- Standard OTC Equivalents
- Fertility(Oral)
- Fertility(Injectable)
- Fertility(Intra-Vaginal)
- Insulin Pumps
- Addyi-HSDD Agents
- Hair Growth Stimulants
- Medical Foods (Rx)
- Injectable/Implantable Medications

## Retail and Mail Order Pharmacies

CA Times participates in the Express Scripts 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 combined medical and pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact your medical insurance carrier for a replacement ID card.

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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 Express Scripts 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 Express Scripts Preferred. This list is subject to periodic review and modifications by Express Scripts. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on [express-scripts.com](https://www.express-scripts.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

CA Times has partnered with Express Scripts and RxBenefits to provide prescription drug benefits. Express Scripts serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, [express-scripts.com](https://www.express-scripts.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.