Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with The Arc of Washington County, Inc. and CVS Caremark® to bring you best-in-class pharmacy benefits. Our goal is to ensure your safety, make every effort to reduce your out-of-pocket costs, and promptly address any questions or issues that may arise to ensure you get the maximum value from your new benefits plan.

This packet is designed exclusively for you, and includes the following helpful resources that provide important information about your pharmacy plan:

- **Prescription Benefit Coverage for The Arc of Washington County, Inc.**
  This document gives you an easy-to-understand breakdown of all the important details of the coverage through your new pharmacy plan.
- **Member Services Support Contact Information**
  Our professional member services representatives are available to support you should any questions or issues arise.
- **Details on Accessing CVS Caremark®'s Website & Mobile App**
  The Arc of Washington County, Inc. has selected CVS as your backend claims manager, giving you access to one of the largest national pharmacy networks. CVS's web portal and app will help you manage your medications anywhere, anytime, search for the nearest retail pharmacy, and check drug interactions.
- **Information on How to Sign-Up for Mail Order**
  Get up to a three-month supply of your maintenance medication(s) delivered safely and reliably right to your door. Save time and money!

Your member ID card(s) will be distributed to you shortly by The Loomis Company via postal mail. If you need to fill a prescription before your card(s) arrives, simply provide all of the information note below to the pharmacy to process your request.

RxBIN: 004336 **RxPCN: ADV** **RxGRP: RX2169**

If there are any questions regarding prescription coverage, please contact RxBenefits.
Plan Members call Member Support: 800-334-8134
Pharmacists call Pharmacy Help Desk: 800-364-6331

As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800-334-8134 or emailing CustomerCare@rxbenefits.com.

Please reach out to us at any time if you have any questions or concerns. We are thrilled to be partnering with you to take your pharmacy benefit to the next level.

Sincerely,
Your RxBenefits Team

RxBenefits

Prescription Benefit Coverage

The Arc of Washington County, Inc. | **Administered by RxBenefits, Inc. and Caremark,**
Effective January 1, 2027

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. 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.*

Qualified High Deductible Health Plan (QHDHP)

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	$20.00
Preferred Brand	$40.00
Non-Preferred Brand	$70.00
Generic Out of Network	40% Co-insurance
Preferred Brand Out of Network	40% Co-insurance
Non-Preferred Brand Out of Network	40% Co-insurance

Retail Pharmacy Coverage (31-90 Day Supply)	In Network Pharmacy
Generic	$40.00
Preferred Brand	$80.00
Non-Preferred Brand	$140.00

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	$40.00
Preferred Brand	$80.00
Non-Preferred Brand	$140.00
Generic Out of Network	40% Co-insurance
Preferred Brand Out of Network	40% Co-insurance
Non-Preferred Brand Out of Network	40% Co-insurance

Accumulations

Deductible Non-Embedded	$2,000.00 Individual/ $4,000.00 Family

Maximum Out of Pocket (MOOP) Embedded	$6,550.00 Individual/ $13,100 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 Caremark 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	Caremark
Specialty Generic	$100.00
Specialty Preferred Brand	$100.00
Specialty Non-Preferred Brand	$200.00
Specialty Generic	40% Co-insurance
Specialty Preferred Brand	40% Co-insurance
Specialty Non-Preferred Brand	40% Co-insurance

Retail and Mail Order Pharmacies

The Arc of Washington County, Inc. participates in the Caremark 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 co-insurance amounts that are applied to a manufacturer coupon or rebate. Your employer has elected to enroll in Caremark's True Accumulation program(s).

Generic Policy - Dispense As Written (DAW)

If a Brand name drug is filled when a Generic equivalent is available you will be required to pay the Brand cost share plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if the prescription indicates the Brand must be dispensed.

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).

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 *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/chemically similar drugs, new to market drugs, and non-essential.

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 Caremark 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 Control with ACSF Formulary may not be covered. Your formulary is Standard Control with ACSF.

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 formulary provides an up-to-date list of medications that may be covered by the program. The Caremark 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 (Alcohol Swabs)
- 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
- Pain/Narcotics/Opioids
- 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. 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-Influenza Agents
- Anti-Nausea Agents
- Diabetic Test Strips
- Erectile Dysfunction (ED) Agents
- Migraine Agents
- Opioid Analgesics
- Sleep Agents
- Topical Anesthetics

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

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. Your prior authorizations are handled by RxBenefits.

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

- Acne Topical Agents
- ADHD Medications
- Anti-Fungals
- Anti-Infective Agents
- Anti-Ulcer Medications
- Antiviral Agents
- Cuprimine
- Diabetic Agents
- Migraine Agents
- Narcolepsy Medications
- Opioid Analgesics
- Santyl Ointment (collagenase)
- Specialty Medications
- Testosterone
- Topical Antihistamines
- Topical Anti-Inflammatories

Discount Program

Cost Saver (CVS): Your employer is offering a seamless point of sale discount powered by GoodRx on non-specialty generic drugs at retail. If available for your medication, this discount will be applied with no action from you, and be captured as part of your benefit.

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
- Continuous Blood Glucose Monitors
- Cosmetics
- Diabetic Supplies (Pumps & Supplies)
- Disposable Insulin Pumps and 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
- Standard RX/OTC Equivalents
- Periodontal Products
- Respiratory Supplies

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.

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 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 Preferred. This list is subject to periodic review and modifications by Caremark. 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 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
The Arc of Washington County, Inc. has partnered with Caremark and RxBenefits to provide prescription drug benefits. Caremark 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.

RxBenefits

Prescription Benefit Coverage

The Arc of Washington County, Inc. | Administered by RxBenefits, Inc. and Caremark,
Effective January 1, 2027

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. 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.*

Network Services Only Plan

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	$20.00
Preferred Brand	$40.00
Non-Preferred Brand	$70.00

Retail Pharmacy Coverage (31-90 Day Supply)	In Network Pharmacy
Generic	$40.00
Preferred Brand	$80.00
Non-Preferred Brand	$140.00

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	$40.00
Preferred Brand	$80.00
Non-Preferred Brand	$140.00

Accumulations

Deductible Embedded	$200.00 Individual/ $400.00 Family
Maximum Out of Pocket (MOOP) Embedded	$7,350.00 Individual/ $14,700.00 Family

The calendar year Deductible applies to pharmacy 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. 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 Caremark 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	Caremark
Specialty Generic	30% Co-insurance
Specialty Preferred Brand	30% Co-insurance
Specialty Non-Preferred Brand	30% Co-insurance

Retail and Mail Order Pharmacies

The Arc of Washington County, Inc. participates in the Caremark 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 co-insurance amounts that are applied to a manufacturer coupon or rebate. Your employer has elected to enroll in Caremark's True Accum + PrudentRX program(s).

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. The Arc of Washington County, Inc. 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.

Please contact PrudentRx at 888.203.1768 so a patient advocate can assist you with completing your enrollment.

Generic Policy - Dispense As Written (DAW)

If a Brand name drug is filled when a Generic equivalent is available you will be required to pay the Brand cost share plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if the prescription indicates the Brand must be dispensed.

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).

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 *caremark.com* to check drug costs and coverage.

Compound Drugs

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- ACA Preventative Services List
- ADHD/ADD
- Androgen
- Contraceptives
- Diabetic Medication (Insulin/Non-Insulin)
- Diabetic Supplies (Alcohol Swabs)
- 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
- Pain/Narcotics/Opioids
- 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. 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.

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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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Exclusions

Coverage is not provided for:

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- Anabolic Steroids
- Anti-Obesity/Anorexiants/Appetite Suppressant
- Blood Products/Blood Serum
- Bulk Powder Compounds
- Continuous Blood Glucose Monitors
- Cosmetics
- Diabetic Supplies (Pumps & Supplies)
- Disposable Insulin Pumps and 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
- Standard RX/OTC Equivalents
- Periodontal Products
- Respiratory Supplies

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.

Definitions:

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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.

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Preferred Brand Drug
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