



# Prescription Benefit Coverage

**American Dairy Queen | Administered by RxBenefits, Inc. and Express Scripts, Effective January 1, 2026**

**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. 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 Core Plan

Retail Pharmacy Coverage (01-30 Day Supply)		In Network Pharmacy
Generic		0% Co-insurance
Preferred Brand		0% Co-insurance
Non-Preferred Brand		0% Co-insurance
Preventive Generic		\$12.00
Preventive Preferred Brand		\$45.00
Preventive Non-Preferred Brand		\$45.00

Retail Pharmacy Coverage (31-90 Day Supply)		In Network Pharmacy
Maintenance Generic		\$24.00
Maintenance Preferred Brand		\$90.00
Maintenance Non-Preferred Brand		\$90.00

Mail Order Extended Supply (01-90 Day Supply)		In Network Pharmacy
Generic		0% Co-insurance
Preferred Brand		0% Co-insurance
Non-Preferred Brand		0% Co-insurance
Preventive Generic		\$24.00
Preventive Preferred Brand		\$90.00
Preventive Non-Preferred Brand		\$90.00

## Accumulations

<b>Deductible Embedded (In Network)</b>	\$3,300.00 Individual / \$6,600.00 Family
<b>MOOP Embedded (In Network)</b>	\$3,300.00 Individual / \$6,600.00 Family
<b>Deductible Embedded (Out of Network)</b>	\$5,300.00 Individual / \$10,600.00 Family
<b>MOOP Embedded (Out of Network)</b>	\$7,800.00 Individual / \$15,600.00 Family

The calendar year Deductible applies to pharmacy and medical 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 Accredo specialty pharmacy by calling Accredo at 1.800.803.2523. 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 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	Accredo
<b>Specialty Generic</b>	0% Co-insurance
<b>Specialty Preferred Brand</b>	0% Co-insurance
<b>Specialty Non-Preferred Brand</b>	0% Co-insurance

# HSA Choice Plus

Retail Pharmacy Coverage (01-30 Day Supply)		In Network Pharmacy
Generic		0% Co-insurance
Preferred Brand		0% Co-insurance
Non-Preferred Brand		0% Co-insurance
Preventive Generic		\$12.00
Preventive Preferred Brand		\$45.00
Preventive Non-Preferred Brand		\$45.00

Retail Pharmacy Coverage (31-90 Day Supply)		In Network Pharmacy
Maintenance Generic		\$24.00
Maintenance Preferred Brand		\$90.00
Maintenance Non-Preferred Brand		\$90.00

Mail Order Extended Supply (01-90 Day Supply)		In Network Pharmacy
Generic		0% Co-insurance
Preferred Brand		0% Co-insurance
Non-Preferred Brand		0% Co-insurance
Preventive Generic		\$24.00
Preventive Preferred Brand		\$90.00
Preventive Non-Preferred Brand		\$90.00

## Accumulations

Deductible Embedded (In Network)	\$3,300.00 Individual / \$6,600.00 Family
MOOP Embedded (In Network)	\$3,300.00 Individual / \$6,600.00 Family
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The calendar year Deductible applies to pharmacy and medical 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.

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Specialty Generic	0% Co-insurance
Specialty Preferred Brand	0% Co-insurance
Specialty Non-Preferred Brand	0% Co-insurance

## Retail and Mail Order Pharmacies

American Dairy Queen participates in the Express Scripts 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 Express Scripts's Out of Pocket Protection program.

## 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. If enrolled in either HSA Plan, medications on the Standard Plus Generic and Brand Preventive Medications List will bypass the Deductible and be processed at the applicable copay or coinsurance. 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.

## 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 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.**

## 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](http://express-scripts.com) to check coverage.

- Diaphragms & Cervical Caps
- Emergency Contraceptives
- Federal Legend Drugs
- Fertility (Injectable)
- Fertility (Intra-Vaginal)
- Fertility (Oral)
- HCR/ACA Vaccines
- Hemophilia Factors
- Implantable Contraceptives
- Inhaler Assisting Devices
- Injectable Contraceptives
- Insulin
- IUDs
- Non-Insulin Syringes
- Nutritional Supplements Rx Only
- Oral, Extended Cycle, Transdermal, Intravaginal, Contraceptives ACA
- OTC Contraceptives
- OTC Diabetic Supplies
- Prescription Vitamins
- Self-Injectable Medications
- Smoking Cessation (OTC)
- Smoking Cessation (Rx)
- Specialty 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-Diabetic Agents
- Antifungal Agents
- Anti-Inflammatory Eye Agents
- Anti-Influenza Agents
- Anti-nausea Agents
- Asthma and COPD Agents
- Contraceptives
- Constipation Medications
- Erectile Dysfunction (ED) Agents
- Fertility Agents
- Glaucoma Agents
- High Blood Pressure Medications
- High Cholesterol Medications
- Migraine Agents
- Migraine Agent
- Nasal Steroids
- Non-opioid Analgesics
- Opioid Analgesics
- Osteoporosis Agents
- Proton Pump Inhibitors
- Sleep 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 [express-scripts.com](http://express-scripts.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
- Allergen Extracts
- Diabetic Agents
- Dry Eye Syndrome Agents
- Erectile Dysfunction (ED) Agents
- Hypoactive Sexual Desire Disord HSDD
- Migraine Agents
- Narcolepsy Medications
- Oral Anti-hyperlipidemic
- Specialty Medications
- Testosterone
- Topical Anesthetics
- Weight Loss Agents

## Discount Program

Price Assure (ESI): 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:

- Addyi-HSDD Agents
- Allergy Extracts
- Anti-Obesity/Anorexiant
- Hair Growth Stimulants
- Impotency Drugs
- Injectable/Implantable Medications
- Insulin Pumps
- Medical Foods (Rx)
- OTC Products
- Standard OTC Equivalents

## 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.

## 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 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

American Dairy Queen 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.