

Note: This is a summary of benefits under this plan, not a statement of contract. The actual terms and conditions of coverage will be specified in the Group Insurance Policy issued by Wellmark or the Administrative Services Agreement between Wellmark and the entity below, as well as the Benefits Certificate and any amendments thereto.

Benefit Summary - LEXINGTON SQUARE DBA DAVES PLACE

Group Number/BU: - Group Product Summary ID: 404908-2

Coverage Code: ProductID:

Prefix: Benefit Dates: 01/01/2025 - 12/31/2025 Summary Status: **Rating Completed**

Account Manager: Nelson, Amanda

LEXINGTON SQUARE DBA DAVES PLACE POS

Group Information

Group Street Address 1:

Group Street Address 2:

City/State/ZIP: , IA

Product/Version: Prescription Drug Program - Preferred (201112)

Account Signature _____ Date _____

General

Wellmark Health Plan of Iowa

BlueRx Complete (3-tier)

Out-of-Pocket amounts aggregate (both ways) between health and prescription drug program.

New

Fully insured arrangement

Large business group (101-300)

Common local employer group

Benefit period is defined as calendar year

Healthcare Reform Non-Grandfathered Plan (ACA required drugs are covered and member cost-share is waived according to preventive care guidelines. A complete list of recommendations and guidelines related to ACA preventive services can be found at www.healthcare.gov)

Plan year begins on: 01/01

Eligibility

When benefits have been provided by another plan, Wellmark applies benefits the lesser of 1) the amount on the claim as the member's liability or 2) what we should have paid if the claim was submitted to us first.

Payment

Benefit Period Deductible (BPD):

Out-of-Pocket Maximum (OPM):

Single benefit period deductible is \$ 250

Single out-of-pocket maximum is \$ 6,500

Family benefit period deductible is \$ 500

Family out-of-pocket maximum is \$ 13,000

No Wellmark to Wellmark deductible credit. Credits will not transfer from one Wellmark employer group to another Wellmark employer group

No Wellmark to Wellmark out-of-pocket credit. Credits will not transfer from one Wellmark employer group to another Wellmark employer group.

Benefit period deductible is waived for Tier 1 drugs

Member has benefits after single deductible met. Entire family has benefits after family deductible has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person deductible has been met)

Member has benefits after single OPM met. Entire family has benefits after family OPM has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person OPM has been met)

Days Supply (per member cost-share): 30 days

Payment Application (per member cost-share):

Tier 1 copayment is \$ 5

Tier 2 copayment is \$ 50

Tier 3 copayment is \$ 100

Specialty drugs are subject to the following payment application: \$50 copayment for biosimilar or generic specialty drugs, \$100 copayment for preferred specialty drugs and 50% coinsurance for non-preferred specialty drugs. Additional information for specialty drugs can be found at Wellmark.com

Pharmacy Durable Medical Equipment (DME):

Pharmacy durable medical equipment in-network coinsurance is % 20

90-Day Supply:

At retail pharmacy: 90-day supply of drugs available for 3 copayments OR coinsurance per 90-day supply

Through mail order: 90-day supply of drugs available for 3 copayments OR coinsurance per 90-day supply

Product Selection Penalty Rule: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug.

Benefits

Contraceptives are covered

Weight reduction drugs are NOT covered

Erectile Dysfunction drugs are covered

Prenatal Vitamins drugs are covered

Specialty Drugs must be obtained through CVS Specialty Pharmacy only

PrudentRx Specialty Copay Card Program applies

Prescription drugs and pharmacy durable medical equipment (if covered) covered only when purchased through Participating Pharmacies.

Utilization Management Programs apply

Opioid Medication Management Program applies