

medone Pharmacy Benefit Solutions

Legacy Transportation Services, Inc.

PRESCRIPTION HEALTH PLAN

Member Brochure

Effective Date • January 1, 2024

Offered Plans

SILVER PPO PLAN

SILVER PPO PLAN 2

BRONZE HDHP 3200 PLAN

SILVER HDHP 1600 PLAN

MedOne Pharmacy Benefit Solutions

1590 University Avenue

Dubuque, IA 52001

866-335-9057

www.medone-rx.com

LEGACY

SILVER PPO PLAN

RX DEDUCTIBLE

Individual	$1,000
Family	$2,000

MEDICAL/RX OUT-OF-POCKET MAXIMUM

Individual	$3,500
Family	$10,500

Embedded: This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at a $0 copay for the remainder of the benefit year ending.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost* between the generic and brand-name drug.

Retail Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	$10	$20
Preferred Brand	$20	$40
Non-Preferred Brand	40%	40%

MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	$10	$20
Preferred Brand	$20	$40
Non-Preferred Brand	40%	40%

MedOne Specialty Pharmacy

	1-30 DAY SUPPLY For filling specialty medications
Specialty Medications	40% up to OOPM

Specialty Prescriptions · Copay Assist Program

30% coinsurance per drug per 30-day fill. Manufacturer assistance program covers most if not all of the coinsurance amount. Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturer's copay assistance.

© MedOne Pharmacy Benefit Solutions, 2023

SILVER PPO PLAN 2

RX DEDUCTIBLE		MEDICAL/RX OUT-OF-POCKET MAXIMUM	
Individual	$1,000	**Individual**	$3,500
Family	$2,000	**Family**	$7,000

Embedded: This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at a $0 copay for the remainder of the benefit year ending.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost* between the generic and brand-name drug.

Retail Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	$10	$20
Preferred Brand	$20	$40
Non-Preferred Brand	40%	40%

MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	$10	$20
Preferred Brand	$20	$40
Non-Preferred Brand	40%	40%

MedOne Specialty Pharmacy

	1-30 DAY SUPPLY For filling specialty medications
Specialty Medications	40% up to OOPM

Specialty Prescriptions · Copay Assist Program

30% coinsurance per drug per 30-day fill. Manufacturer assistance program covers most if not all of the coinsurance amount. Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturer's copay assistance.

© MedOne Pharmacy Benefit Solutions, 2023

BRONZE HDHP 3200 PLAN

MEDICAL/RX DEDUCTIBLE		MEDICAL/RX OUT-OF-POCKET MAXIMUM	
Individual	$3,000	**Individual**	$6,000
Family	$6,000	**Family**	$12,000

Non-Embedded: Family must meet the entire deductible before co-pays apply.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost* between the generic and brand-name drug.

Retail Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	DED, then 20%	DED, then 20%
Preferred Brand	DED, then 20%	DED, then 20%
Non-Preferred Brand	DED, then 20%	DED, then 20%

MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	DED, then 20%	DED, then 20%
Preferred Brand	DED, then 20%	DED, then 20%
Non-Preferred Brand	DED, then 20%	DED, then 20%

MedOne Specialty Pharmacy

	1-30 DAY SUPPLY For filling specialty medications
Specialty Medications	DED, then 20%

Specialty Prescriptions • Copay Assist Program

Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your full specialty copay.

© MedOne Pharmacy Benefit Solutions, 2023

SILVER HDHP 1600 PLAN

MEDICAL/RX DEDUCTIBLE		MEDICAL/RX OUT-OF-POCKET MAXIMUM	
Individual	$1,600	**Individual**	$5,000
Family	$3,200	**Family**	$10,000

Non-Embedded: Family must meet the entire deductible before co-pays apply.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost* between the generic and brand-name drug.

Retail Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	DED, then 20%	DED, then 20%
Preferred Brand	DED, then 20%	DED, then 20%
Non-Preferred Brand	DED, then 20%	DED, then 20%

MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY Filling for acute and maintenance medications	31-90 DAY SUPPLY Filling for maintenance medications only
Generic	DED, then 20%	DED, then 20%
Preferred Brand	DED, then 20%	DED, then 20%
Non-Preferred Brand	DED, then 20%	DED, then 20%

MedOne Specialty Pharmacy

	1-30 DAY SUPPLY For filling specialty medications
Specialty Medications	DED, then 20%

Specialty Prescriptions · Copay Assist Program

Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your full specialty copay.

© MedOne Pharmacy Benefit Solutions, 2023

ADDITIONAL PLAN INFORMATION

PremierOne Pharmacy Network

The plan includes all network pharmacies locally and nationwide. Register for the MedOne Member Portal at **www.medone-rx.com** to search for an in-network pharmacy or call MedOne at **1-866-335-9057** for assistance.

Member ID Card

Members will receive a combined medical/prescription benefit ID card from the medical administrator. This ID card contains important information the pharmacy needs to process your prescriptions.

ACA Covered Prescriptions · $0 Copay

Non-grandfathered plans may be required to cover certain preventive medications at a $0 cost share as required under the Affordable Care Act (ACA). Examples include bowel preps, breast cancer prevention, contraceptives, smoking cessation, select vaccines, statins for primary prevention of CVD, HIV preventives, vitamins, and other supplements. Age, quantity limits, and/or prior authorization may be required.

MEMBER RESOURCES

Talk to a Pharmacist

Schedule a call to talk with a pharmacist at **www.medone-rx.com/members#contact-us.**

MedOne Drug Look-Up Tool

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives. Go to **medone-rx.com/members/drug-lookup** to access this tool and enter in **XXUMRLEGTS** when prompted. If you or your physician have questions about a medication or available alternatives, please call MedOne at **1-866-335-9057.**

LIMITATIONS

Drug Limitations

This list highlights common medications and their limitations and is not all-inclusive.

- Brand Proton Pump Inhibitors for ulcers /GERD limited to 1 capsule or tablet per day
- Cholesterol medications limited to 1 dose per day
- Migraine medications limited to 6 injections, 8-12 nasal spray doses, or 6- 12 tablets (depending on package size) per 30 days
- Opioids limited to 200 MME per day
- Sleep agents limited to 1 dose per day
- Vaccines e.g., Influenza

Refill-Too-Soon Limitation

A prescription may not be refilled until at least 75% of a 30-day supply (or 60% of a 90-day supply) has been utilized. For example, 23 days of a 30-day supply must be utilized before the pharmacy is able to process another fill.

Drugs Requiring Prior Authorization

The following drug categories are subject to prior authorization. Your physician's office may obtain a prior authorization form by calling MedOne at **1-866-335-9057.** *This list is subject to change.*

- Standard drugs more than $1,000 for 0-83 day supply claims and $3,000 for 84+ day supply claims.
- Compounded drugs more than $100
- ADHD / narcolepsy drugs
- Androgens
- Breast cancer chemo-prevention drugs
- Gene therapy
- Growth hormones
- HIV Preventatives
- Infertility medications
- Inhalation / nasal smoking cessation products
- Brand name sexual dysfunction drugs
- Smoking cessation drugs (for treatment more than 6 months)
- Specialty medications for plaque psoriasis, atopic dermatitis & alopecia treatments

Excluded Drugs / Categories

This list highlights common plan exclusions but is not all-inclusive.

- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplements
- Ostomy supplies
- Over-the-counter (OTC) drugs (except those listed as covered)
- Products for cosmetic indications e.g., anti-wrinkle agents, Botox, and hair growth stimulants
- Weight loss medications

CLINICAL CARE

Step Therapy Program

This program ensures that the most appropriate and cost-effective medications are prescribed ahead of the plan approving brand medications. For the most current step therapy program information, register at **www.medone-rx.com.**

Diabetes Care Path

In partnership with MedOne, Dario is an easy-to use digital diabetes management and healthy living program that helps to ensure diabetic members are set up to achieve the best possible treatment outcomes. Dario is offered at no cost to you and your adult dependents who qualify. To get started, call a Dario Enrollment Specialist at **1-833-739-1354,** Monday-Friday from 9 am – 9 pm ET.

© MedOne Pharmacy Benefit Solutions, 2023