# Employee Health Benefits

UNIVERSAL BENEFITS CONSORTIUM

## Aransas County ISD

### Which Plan is Right for You?

ARANSAS COUNTY INDEPENDENT SCHOOL DISTRICT

Allegiance®
a Cigna Company

## Questions to Consider

- How much coverage do I need?
- How often do I access health care?
- Are my doctors in-network?
- Do I prefer higher premiums or pay as I go?
- Do I have regular prescriptions?

# Benefits for UBC Members

The Cigna Open Access Plus Network provides you with access to healthcare professionals nationwide to address your health concerns. The UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

## Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals.

## Need Assistance?

**help@UBC-Benefits.com**

- Cigna Nationwide Network with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-of-Pocket maximums
- In- and Out-of-Network Benefits

# Basic HD - Medical Plan

## Overview

The ACISD Basic HD plan serves as the primary High Deductible plan option, with low cost monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. With in- and out-of-network benefits, no need for physician referrals, free generic drugs, and lower deductibles and out-of-pocket maximums, this plan provides premium savings to plan members with greater annual savings potential. The Basic HD is the only plan offered that allows you to use an HSA card.

| Covered | Monthly Premium |
|---|---|
| • Employee | • $104 |
| • Employee + Child(ren) | • $467 |
| • Employee + Spouse | • $953 |
| • Employee + Family | • $1,214 |

# Basic HD - plan quick-reference

Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|---|---|
| **Annual Deductible** | $3,000 individual/$6,000 family | $6,000 individual/$12,000 family |
| **Coinsurance (after the annual deductible is met.)** | 20% after deductible | 40% after deductible |
| **Annual Coinsurance Maximum** | | |
| **Annual Out-of-Pocket Maximum** | $6,650 individual/$13,300 family | $12,700 individual/$25,400 family |
| **Physician Services** | | |
| Office Visits - Primary | 20% after deductible | 40% after deductible |
| Office Visits - Specialist | 20% after deductible | 40% after deductible |
| Urgent Care Visits | 20% after deductible | 40% after deductible |
| Emergency Care Visits | 20% after deductible | 40% after deductible |
| Virtual Health (WellVia) | $40 per consultation | N/A |
| **Prescription Drugs** | | |
| Drug Deductible | Integrated with medical | Integrated with medical |
| Generic (30/90 Day Supply) | 20% after deductible | 40% after deductible |
| Preferred Brand | 20% after deductible | 40% after deductible |
| Non-Preferred Brand | 20% after deductible | 40% after deductible |
| Specialty | 20% after deductible | 40% after deductible |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|---|---|
| **Maternity Services** | | |
| Routine Prenatal Care | 20% after deductible | 40% after deductible |
| Delivery in Hospital | 20% after deductible | 40% after deductible |
| Newborn Care in Hospital (Routine) | 20% after deductible | 40% after deductible |
| **Additional Services** | | |
| Inpatient Hospital | 20% after deductible | 40% after deductible |
| Outpatient Surgery | 20% after deductible | 40% after deductible |
| Lab & X-ray Outpatient (minor) | 20% after deductible | 40% after deductible |
| Hospital Emergency Care Services (treated as network) | 20% after deductible | 40% after deductible |
| Chiropractic | 20% after deductible | 40% after deductible |
| **Preventative Care*** | | |
| Well-Child Care | Plan pay 100%, no deductible | 40% after deductible |
| Well-Woman Care | Plan pay 100%, no deductible | 40% after deductible |
| Routine Screening Mammography | Plan pay 100%, no deductible | 40% after deductible |
| Adult Health Assessments | Plan pay 100%, no deductible | 40% after deductible |
| Immunizations | Plan pay 100%, no deductible | 40% after deductible |
| Screening Colonoscopy | Plan pay 100%, no deductible | 40% after deductible |

*Subject to Affordable Care Act requirements.

# Standard - Medical Plan

## Overview

The ACISD Standard plan is designed to provide plan members a copay based plan offering for Primary Care and Specialist office visits in exchange for slightly higher monthly premiums. Along with in- and out-of-network benefits, no need for physician referrals, zero drug deductible, free generic drugs, and lower annual deductibles and out-of-pocket maximums, this plan provides plan members additional flexibility and cost transparency for services.

| Covered | Monthly Premium |
|---|---|
| • Employee | • $135 |
| • Employee + Child(ren) | • $523 |
| • Employee + Spouse | • $1,043 |
| • Employee + Family | • $1,323 |

# Standard - plan quick-reference

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|---|---|
| **Annual Deductible** | $2,500 individual/$5,000 family | $5,000 individual/$10,000 family |
| **Coinsurance (after the annual deductible is met.)** | 30% after deductible | 50% after deductible |
| **Annual Coinsurance Maximum** | | |
| **Annual Out-of-Pocket Maximum** | $8,150 individual/$16,300 family | $16,000 individual/$32,000 family |
| **Physician Services** | | |
| Office Visits - Primary | $35 copay | 50% after deductible |
| Office Visits - Specialist | $70 copay | 50% after deductible |
| Urgent Care Visits | $50 copay | 50% after deductible |
| Emergency Care Visits | 30% after deductible | 50% after deductible |
| Virtual Health (WellVia) | $0 per consultation | N/A |
| **Prescription Drugs** | | |
| Drug Deductible | None | None |
| Generic (30/90 Day Supply) | Plan pays 100%, no deductible | 50% after deductible |
| Preferred Brand | 30% after deductible | 50% after deductible |
| Non-Preferred Brand | 50% after deductible | 50% after deductible |
| Specialty | 30% after deductible | 50% after deductible |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|---|---|
| **Maternity Services** | | |
| Routine Prenatal Care | 30% after deductible | 50% after deductible |
| Delivery in Hospital | 30% after deductible | 50% after deductible |
| Newborn Care in Hospital (Routine) | 30% after deductible | 50% after deductible |
| **Additional Services** | | |
| Inpatient Hospital | 30% after deductible | 50% after deductible |
| Outpatient Surgery | 30% after deductible | 50% after deductible |
| Lab & X-ray Outpatient (minor) | $35 copay | 50% after deductible |
| Hospital Emergency Care services (treated as network) | 30% after deductible | 50% after deductible |
| Chiropractic | 30% after deductible | 50% after deductible |
| **Preventative Care*** | | |
| Well-Child Care | Plan pay 100%, no deductible | 50% after deductible |
| Well-Woman Care | Plan pay 100%, no deductible | 50% after deductible |
| Routine Screening Mammography | Plan pay 100%, no deductible | 50% after deductible |
| Adult Health Assessments | Plan pay 100%, no deductible | 50% after deductible |
| Immunizations | Plan pay 100%, no deductible | 50% after deductible |
| Screening Colonoscopy | Plan pay 100%, no deductible | 50% after deductible |

*Subject to Affordable Care Act requirements.

# Enhanced - Medical Plan

## Overview

The ACISD Enhanced plan provides the richest medical benefits, in exchange for higher monthly premiums.  Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, zero drug deductible, low copays for brand drugs, in- and out-of-network benefits, no need for physician referrals, and the lowest annual deductibles and out-of-pocket maximums available.

| Covered | Monthly Premium |
|---|---|
| • Employee | • $238 |
| • Employee + Child(ren) | • $578 |
| • Employee + Spouse | • $1,088 |
| • Employee + Family | • $1,453 |

# Enhanced - plan quick-reference

Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|---|---|
| **Annual Deductible** | $1,500 individual/$3,000 family | $4,000 individual/$8,000 family |
| **Coinsurance (after the annual deductible is met.)** | 10% after deductible | 40% after deductible |
| **Annual Coinsurance Maximum** | | |
| **Annual Out-of-Pocket Maximum** | $5,000 individual/$10,000 family | $8,000 individual/$16,000 family |
| **Physician Services** | | |
| Office Visits - Primary | $35 copay | 40% after deductible |
| Office Visits - Specialist | $35 copay | 40% after deductible |
| Urgent Care Visits | $75 copay | 40% after deductible |
| Emergency Care Visits | $150 copay | 40% after deductible |
| Virtual Health (WellVia) | $0 per consultation | N/A |
| **Prescription Drugs** | | |
| Drug Deductible | None | None |
| Generic (30/90 Day Supply) | $10 copay | 40% after deductible |
| Preferred Brand | $30 copay | 40% after deductible |
| Non-Preferred Brand | $50 copay | 40% after deductible |
| Specialty | 50% up to a max of $1500 | 40% after deductible |

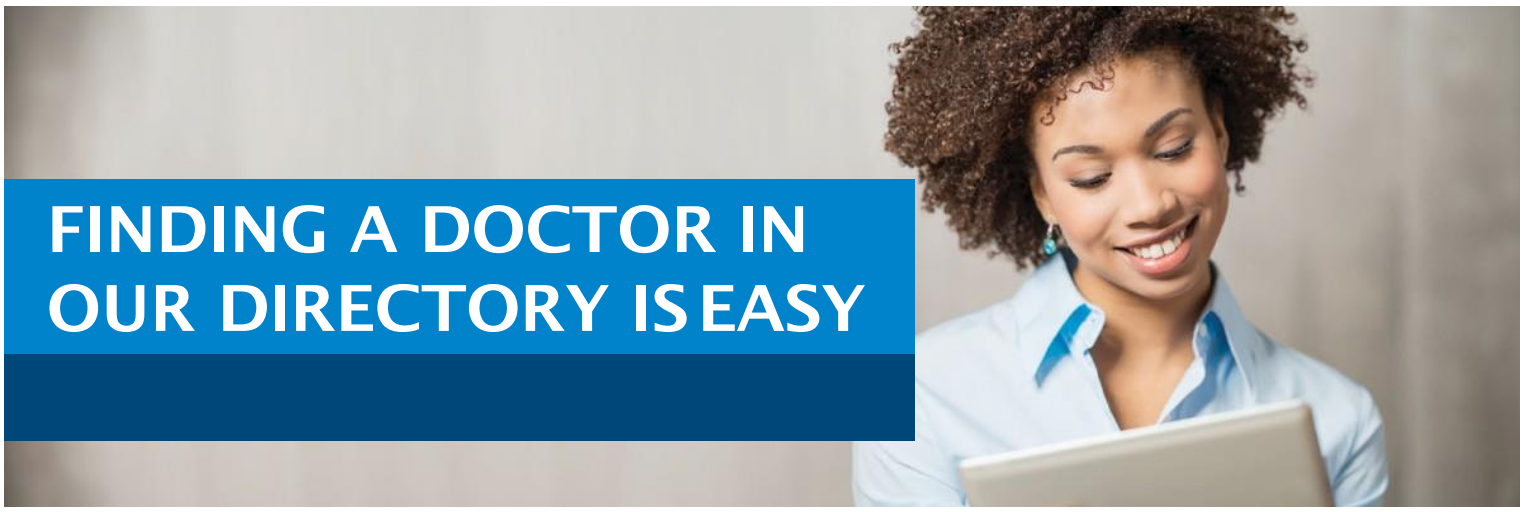
*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|---|---|
| **Maternity Services** | | |
| Routine Prenatal Care | 10% after deductible | 40% after deductible |
| Delivery in Hospital | 10% after deductible | 40% after deductible |
| Newborn Care in Hospital (Routine) | 10% after deductible | 40% after deductible |
| **Additional Services** | | |
| Inpatient Hospital | 10% after deductible | 40% after deductible |
| Outpatient Surgery | 10% after deductible | 40% after deductible |
| Lab & X-ray Outpatient (minor) | $35 copay | 40% after deductible |
| Hospital Emergency Care Services (treated as network) | $150 copay | $150 copay |
| Chiropractic | $50 copay | 40% after deductible |
| **Preventative Care*** | | |
| Well-Child Care | Plan pay 100%, no deductible | 40% after deductible |
| Well-Woman Care | Plan pay 100%, no deductible | 40% after deductible |
| Routine Screening Mammography | Plan pay 100%, no deductible | 40% after deductible |
| Adult Health Assessments | Plan pay 100%, no deductible | 40% after deductible |
| Immunizations | Plan pay 100%, no deductible | 40% after deductible |
| Screening Colonoscopy | Plan pay 100%, no deductible | 40% after deductible |

*Subject to Affordable Care Act requirements.



# FINDING A DOCTOR IN OUR DIRECTORY IS EASY

Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

## SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS

### Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

### Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

### Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).

### Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

**That's it!** You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

## Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your health plan, anytime, just about anyplace. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

**Questions?** Call **1-800-Cigna24**

**Together, all the way.®**

Cigna®

**Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.**

Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with Aransas County ISD and OptumRx 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 Aransas County ISD**
  *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 OptumRx's Website & Mobile App**
  *Aransas County ISD has selected OptumRx as your backend claims manager, giving you access to one of the largest national pharmacy networks. OptumRx'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 permanent ID card(s) will be distributed to you shortly by OptumRx, or your medical vendor. If you need to fill a prescription before your card(s) arrives, simply provide all of the information on the card below to the pharmacy to process your request.

RxBenefits + OPTUMRx®


**Please contact RxBenefits with questions regarding prescription coverage:**

**Plan Members call Member Support:** **800.933.0765**
**Pharmacists call Pharmacy Help Desk:** **800.880.1188**

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 800.933.0765 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

OPTUMRx® + RxBenefits®

# The OptumRx app


## The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order

**Download the OptumRx App now**
from the Apple® App Store or Google Play™.

Download on the App Store

GET IT ON Google play

Over ➡

# The OptumRx App: the most convenient way to manage your prescriptions.

## Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

## Current

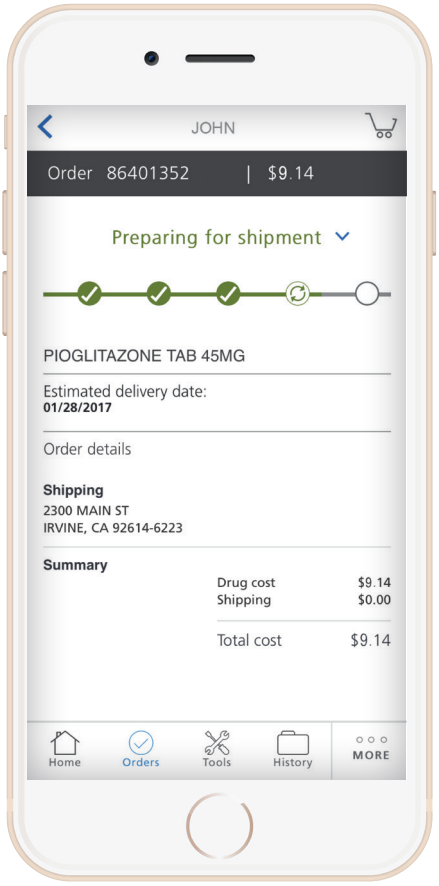
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

## Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

## Save time and money

Compare prescription drug options as well as identify potential cost savings.




The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla **español (Spanish),** La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

**請注意：如果您說中文 (Chinese)**，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。

OPTUM®

**optumrx.com**

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com**.

OPTUMRx® + RxBenefits®

# Discover the convenience of home delivery from OptumRx

## Home delivery is safe and reliable, and you get:

- A three-month supply of your medication, saving you time and possibly money
- Free standard shipping
- Phone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders letting you know when to take or refill your medications

**It's easy to sign up and start saving. Just choose one of the options below:**

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit **optumrx.com** or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.
- Call the toll-free number on your member ID card to speak to a customer service advocate.

**Manage your medication from your mobile phone. Download the OptumRx® app today.**

# RxBenefits' Pharmacy FAQ

### Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

### How Do I Learn More About My Prescription Benefits?

Your pharmacy benefits are part of the specific insurance coverage selected by your employer, and are designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan, and if so, your co-payment or co-insurance.

Details of your specific benefits plan including drug coverage can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's co-pays, benefits, covered healthcare services, and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800.933.0765.

### Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, work, or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your PBM's website for more information.

**Note:** Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. You will need to then submit a claim form to your plan for reimbursement.

### What Is A Drug List/Formulary?

All prescription benefit plans, including yours, use what is called a "formulary" that may also be referred to as a drug list. The formulary / drug list contains brand-name and generic medications that are covered by your plan. All medications on the formulary have been approved by the Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the drug list/formulary instead.

# RxBenefits' Pharmacy FAQ (continued)

Please call the Member Services number on the back of your ID card at any time to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. Or you can refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

## What Is A Prior Authorization?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out of pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

## What Is The Difference Between Generic & Brand Medications? How Does It Affect My Benefits?

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on a brand-name drug. You can typically save money by using generic medications.

### Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

### Why are generic medications less expensive?

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

### How can I request a generic medication?

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

# RxBenefits' Pharmacy FAQ (continued)

## Can My Prescription Be Switched To A Drug With A Lower Co-Payment?

If your current prescription medication is not a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your healthcare provider.

You can also select lower cost options from your PBM's website where you manage your current prescriptions. You'll get information to discuss with your healthcare provider and the tools to get started.

## How Do I Order Medications Using Home Delivery?

Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose. Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective. Check your plan details for more information on how copays vary using home delivery vs. a retail pharmacy.

## I Am Going To Be Out Of Town For An Extended Period. How Do I Get An Extra Supply Of Drugs To Cover Me For That Time?

If you are going to be out of town for an extended period and need extra medication, call the member services number on the back of your member ID card to request a vacation override. You must provide the member services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system and you can pick up your medication at your local pharmacy.

## Who do I contact with questions about my specific plan and/or medications?

Your 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 **800.933.0765** or emailing **CustomerCare@rxbenefits.com**.

# Member Services Quick Reference Card

## Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

### Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

**800.933.0765** or
**CustomerCare@rxbenefits.com**
7:00 AM to 8:00 PM CT
Monday – Friday

## Key Details on Common Issues

### Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

### Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.

## Medical Plan Benefits Questions?

UNIVERSAL BENEFITS CONSORTIUM

ubc-benefits.com/acisd-benefits
(case sensitive)

help@ubc-benefits.com

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## Specific Medical Coverage Questions?

Allegiance® a Cigna Company

Allegiance Customer Service Line:

(855) 999-6808

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## Questions About Prescription Cost and Coverage?

RxBenefits

RxBenefits Help Line

(800) 933-0765

ARANSAS COUNTY INDEPENDENT SCHOOL DISTRICT

UNIVERSAL BENEFITS CONSORTIUM