

Employee Health Benefits 2023-24



Grapevine-Colleyville ISD

Which Plan is Right for You?



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



Value - Medical Plan

Overview

The GCISD Value plan is designed to serve as a High Deductible offering, granting employees and their dependents the lowest monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. Unlike the Basic HD plan, the Value plan provides affordable, yet limited, office visit copays for Primary Care Physicians and Specialists. With in- and out-of-network benefits, no need for physician referrals, free generic drugs, and low drug deductibles on brand name drugs, this plan provides the greatest monthly premium savings to all plan members.

Covered	Monthly Premium
• Employee	• \$75
• Employee + Child(ren)	• \$390
• Employee + Spouse	• \$800
• Employee + Family	• \$1,015



Value - plan quick-reference

Refer to plan documents for limitations and additional information.

Value - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$5,000 individual/\$10,000 family	\$10,000 individual/\$20,000 family
Coinsurance (after the annual deductible is met.)	20% after deductible	40% after deductible
Annual Coinsurance Maximum		
Annual Out-of-Pocket Maximum	\$9,000 individual/\$18,000 family	\$20,000 individual/\$40,000 family
Physician Services		
Office Visits - Primary	\$50 copay limited to 4 visits per year then 20% after deductible combined with Specialist	40% after deductible
Office Visits - Specialist	\$75 copay limited to 4 visits per year then 20% after deductible combined with PCP	40% after deductible
Urgent Care Visits	20% after deductible	40% after deductible
Emergency Care Visits	20% after deductible	40% after deductible
Prescription Drugs		
Drug Deductible	\$250 on Brand Drugs only	
Generic (30/90 Day Supply)	\$0 Retail and Mail Order	
Preferred Brand	30% after deductible	
Non-Preferred Brand	30% after deductible	
Specialty	50% to a max of \$1,500	

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

Value - 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.

Basic HD - Medical Plan

Overview

The GCISD 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, and lower deductibles and out-of-pocket maximums than the Value plan, 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
<ul style="list-style-type: none">• Employee	<ul style="list-style-type: none">• \$137
<ul style="list-style-type: none">• Employee + Child(ren)	<ul style="list-style-type: none">• \$536
<ul style="list-style-type: none">• Employee + Spouse	<ul style="list-style-type: none">• \$1,041
<ul style="list-style-type: none">• Employee + Family	<ul style="list-style-type: none">• \$1,300



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	\$8,100 individual/\$16,200 family	\$16,200 individual/\$26,600 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
Prescription Drugs		
Drug Deductible	Integrated with medical	
Generic (30/90 Day Supply)	20% after deductible	
Preferred Brand	20% after deductible	
Non-Preferred Brand	20% after deductible	
Specialty	20% 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 GCISD 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, free generic drugs, and lower annual deductibles and out-of-pocket maximums than the Value or Basic HD plans, this plan provides plan members additional flexibility and cost transparency for services.

Covered	Monthly Premium
<ul style="list-style-type: none">Employee	<ul style="list-style-type: none">\$170
<ul style="list-style-type: none">Employee + Child(ren)	<ul style="list-style-type: none">\$594
<ul style="list-style-type: none">Employee + Spouse	<ul style="list-style-type: none">\$1,121
<ul style="list-style-type: none">Employee + Family	<ul style="list-style-type: none">\$1,398



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	\$9,000 individual/\$18,000 family	\$18,000 individual/\$36,000 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
Prescription Drugs		
Drug Deductible	\$250 (Brand /Specialty ONLY)	
Generic (30/90 Day Supply)	Plan pays 100%, no deductible	
Preferred Brand	30% retail / \$150 mail order	
Non-Preferred Brand	30% retail / \$150 mail order	
Specialty	50% to a max of \$1500	

*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 GCISD 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, 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
<ul style="list-style-type: none">• Employee	<ul style="list-style-type: none">• \$280
<ul style="list-style-type: none">• Employee + Child(ren)	<ul style="list-style-type: none">• \$681
<ul style="list-style-type: none">• Employee + Spouse	<ul style="list-style-type: none">• \$1,222
<ul style="list-style-type: none">• Employee + Family	<ul style="list-style-type: none">• \$1,587



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	\$6,000 individual/\$12,000 family	\$12,000 individual/\$18,000 family
Physician Services		
Office Visits - Primary	\$35 copay	40% after deductible
Office Visits - Specialist	\$50 copay	40% after deductible
Urgent Care Visits	\$75 copay	40% after deductible
Emergency Care Visits	\$150 copay	40% after deductible
Prescription Drugs		
Drug Deductible	\$250 (Brand /Specialty ONLY)	
Generic (30/90 Day Supply)	\$0 Retail and Mail Order	
Preferred Brand	\$40 copay/\$100 mail order	
Non-Preferred Brand	\$80 copay/\$200 mail order	
Specialty	50% up to a max of \$1500	

*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](https://www.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](https://www.mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://www.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.®



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We make healthcare easier



Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health. Our experts will do the work to ensure that you get the right information and assistance at the right time. Our services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Connect to all your benefits through a single toll-free number

- We can answer questions about your entire benefits package
- If you need to reach a specific benefit, we can connect you right away

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Answer questions so you can make the right choices for your care

Coordinate medical care and services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Research and arrange second opinions; transfer medical records

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues



877.324.3070

answers@HealthAdvocate.com

HealthAdvocate.com/gcisid

HealthAdvocateSM



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Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with Grapevine-Colleyville 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 Grapevine-Colleyville 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**
Grapevine-Colleyville 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.



Beginning June 1, 2022, 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®

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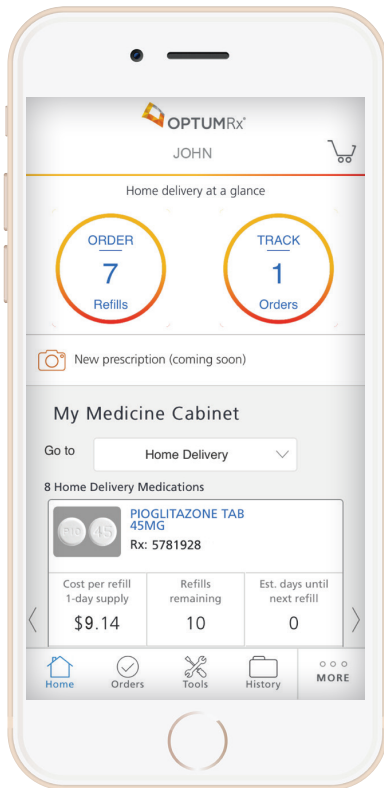
RxBenefits®



GRAPEVINE COLLEYVILLE INDEPENDENT SCHOOL DISTRICT



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™.



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

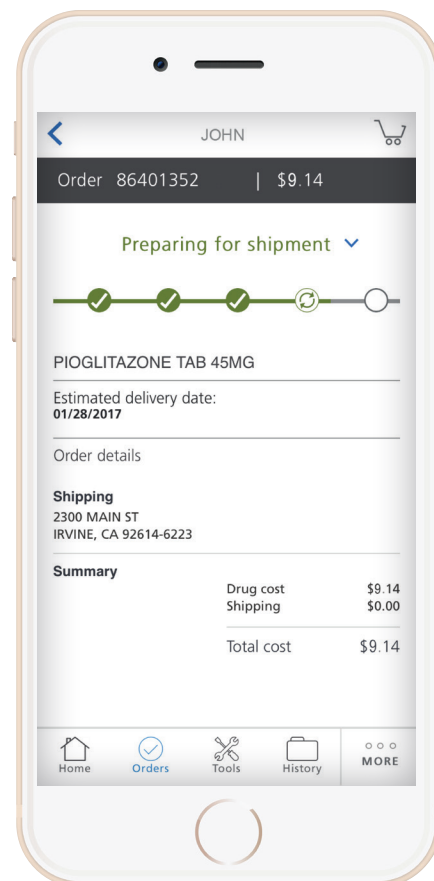
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

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。



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](https://www.optum.com).

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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.

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.

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?

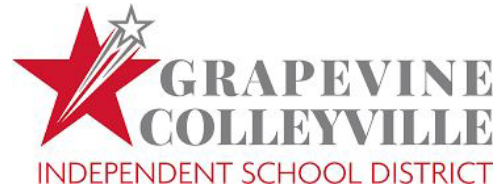
Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine 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?



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

help@ubc-benefits.com

Specific Medical Coverage Questions?



Allegiance Customer Service Line:
(855) 999-6808

Questions About Prescription Cost and Coverage?



RxBenefits Help Line
(800) 933-0765

