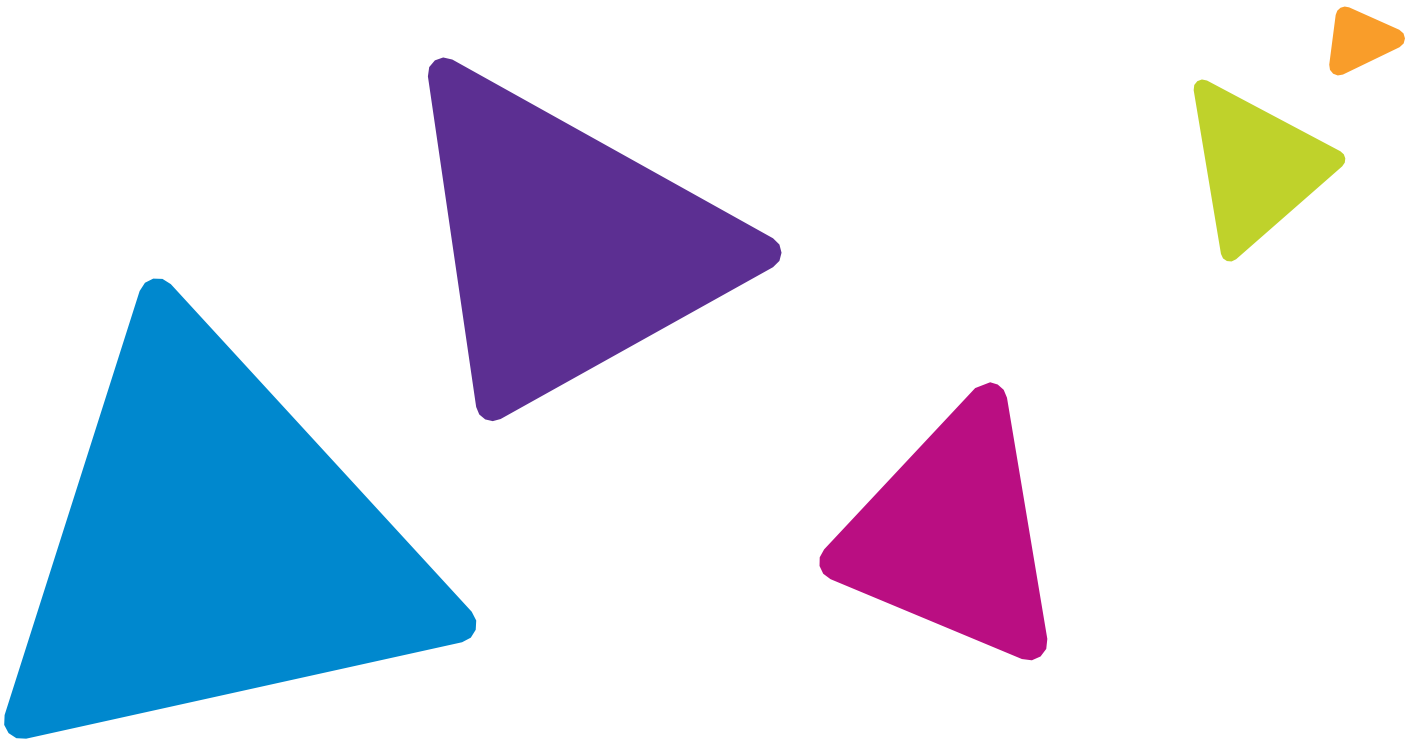




Download the Magellan Rx Mobile App!

1. Go to the Apple App Store or Google Play Store
2. Search 'Magellan Rx.'
3. Locate the app icon and select download.
4. Register to set up your account.
5. You can first register on our member portal at magellanrx.com/login and then use the same login and password to easily access the mobile app!
6. Start managing your prescription benefits all in the palm of your hand.

Magellan Rx Management Pharmacy Benefits for Seminole County Public Schools



Magellan Rx Management Contact Information



Departments/services for members

Website	magellanrx.com
Customer Service	833.544.4515
Customer Service (For the hearing impaired)	National TRS, Dial 711



Departments/services for physicians

Prior Authorization	833.544.4515
Electronically	magellanrx.com



Department hours

Customer Service	24 hours a day, seven days a week
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In case of emergency

Contact customer service in the event of an emergency or natural disaster. We can help you get a quick refill at a local pharmacy.



Reporting medication errors

If you believe you are having or have had a medication error event, please contact your doctor. Email the details to MRxQualityDepartment@magellanhealth.com.

How to find information about your plan

Questions? Visit magellanrx.com or call us at 833.544.4515.



Welcome to Magellan Rx Management

Magellan Rx offers a large pharmacy network with major chains, regional pharmacies and independent stores. To locate a network pharmacy, visit our website at magellanrx.com/member/documents.

Please present your ID card and your prescription to any network pharmacy to receive your medication(s). If you have questions about your pharmacy benefits, please call 833.544.4515. We are open 24 hours a day, seven days a week.

Please review these materials to learn about your pharmacy benefit program. Learning how your program works will help you get the most out of your benefit. You can also visit our website at magellanrx.com/member.

Maximizing your benefits

Generic medications

Generic drugs provide a quality option to brand-name drugs. Using generic drugs whenever possible can help you save money. You can choose to take a brand-name drug. It may cost more depending on your plan.

Taking your medications as directed

Taking medicine as prescribed can keep you healthy. You can prevent medical issues. Don't miss doses or swap medicine with other people. These actions can lead to serious problems.

Here are a few tips to help you get the most benefit from your medications:

- Carefully read all drug labels. Take each medication as prescribed by your doctor. Take the correct number of doses each day at the correct time of day.
- Talk to your doctor before you stop taking a medication. Do not stop taking a medication just because you feel better. Ask your doctor or pharmacist what to do if you miss a dose.
- Talk to your doctor or pharmacist before crushing or splitting tablets. You need to swallow some drugs whole.
- Keep a record of all your current medicines. Include drugs names and regimens (dose, time and other instructions). Write down any problems you have. Discuss them with your doctor or pharmacist.
- There is a right way to throw out old drugs. Review the Food and Drug Administration (FDA) guidelines¹ for information on how to best discard your outdated medications.

1. Food and Drug Administration, "Where and How to Dispose of Unused Medicines," September, 2023. <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>



Prescription Summary

HDHP with HRA

Prescription Schedule of Benefits

Prescription drug copayments or coinsurance amounts apply to satisfy your annual out-of-pocket maximum. After the annual out-of-pocket maximum has been met, covered prescription drugs will be payable at **100%** for the remainder of the calendar year. Costs paid by alternative funding sources do not count toward your deductible or out-of-pocket maximum amounts.

Copayment/Coinsurance

Tier	Retail/Mail (1-34 days supply)	Retail/Mail (35-90 days supply)	Additional Details
Tier 1: Generics	\$7	\$14	Plan pays 100% for generic preventive drugs on the Magellan Rx Preventive Medication List.
Tier 2: Non-Preferred Generics	\$7	\$14	
Tier 3: Preferred Brands	\$40	\$80	If a generic drug is available and you choose the brand, you will pay the cost of the difference between the generic and brand-name drug, plus the applicable coinsurance.
Tier 4: Non-Preferred Brands	\$80	\$160	
Specialty 1-30 days supply	\$100	N/A	Specialty drugs are limited to a 30-day supply and may require prior authorization. Specialty medications must be ordered through Magellan Rx Pharmacy. Members taking certain specialty medications will be contacted by the patient assistance vendor, Paydhealth. They will assist you in securing funding for your specialty medication as outlined below.

Deductible/Out-of-pocket maximum

	Individual	Family	Additional Details
Deductible	\$1,750	\$3,500	These deductibles DO apply to the pharmacy portion of your benefits. You must pay all the costs up to the deductible amount before this plan begins to pay.
Out-of-Pocket Maximum	\$5,500	\$11,000	The out-of-pocket maximum is the most you could pay in a year for covered services. Amounts paid for penalties and premiums do not count toward the out-of-pocket maximum.

Member Advocacy Programs for Specialty Medications

Your benefit plan includes a member advocacy service for members taking specialty medications. These services can help you lower your health care costs by identifying assistance funding sources for select high-cost specialty drugs. In many cases you may be eligible to utilize a prescription discount card, offered directly by the manufacturer, to get you on your way to reducing your out-of-pocket cost. The member advocacy services will be provided through Paydhealth.

Here are a few things you need to know:

- Enrollment in the program can greatly reduce your specialty drug out-of-pocket cost—in some cases, you may pay nothing at all if you qualify for an assistance program.
- Member Advocacy Coordinators can give you information about how to enroll in programs that can help you pay for your specialty medications. *Your specialty medication will not be reimbursed if you do not enroll in the program and seek support in managing your out-of-pocket costs.*
- Costs paid by assistance funding sources will not count toward your deductible or out-of-pocket maximum amounts and are not used to pay for this service.

If you are prescribed a qualified specialty drug, *you must engage* with your Member Advocate before the pharmacy fills your prescription in order for your drug cost to be paid by the program.

- A Member Advocacy Coordinator from the program will contact you.
- Your coordinator will tell you what you need to know about the Program and will walk you through the enrollment process and requirements. They will also answer any questions you may have.
- Please be ready to provide personal and financial details, as many of the assistance programs that are available to the public are based on need.

If you have any questions regarding this program, please call the Specialty Contract Center at 877.869.7772.

Formulary information

The formulary, or drug list, is a tool that helps guide you and your doctor in choosing the medications that allow the most effective and affordable use of your prescription drug benefit.

Assigning prescription drugs to the formulary. The Magellan Rx Pharmacy and Therapeutics (P&T) Committee makes the final approval of prescription drug tier placement. In its evaluation of each prescription drug, the P&T Committee considers several factors including, but not limited to, clinical and economic factors.

Clinical factors may include:

- Evaluations of the place in therapy
- Relative safety and efficacy
- Whether supply limits or notification requirements should apply

Economic factors may include:

- The acquisition cost of the prescription drug
- Available rebates and assessments on the cost effectiveness of the prescription drug

When considering a prescription drug for tier placement, the P&T Committee reviews clinical and economic factors regarding covered persons as a general population. Whether a prescription drug is appropriate for an individual covered person is a determination that is made by the covered person and the prescribing doctor.

The P&T Committee may periodically change the placement of a prescription drug among the tiers. These changes may occur as frequently as monthly and may occur without prior notice to you.

If a brand drug becomes available as a generic. If a brand-name prescription drug becomes available as a generic drug, its tier placement may change. As a result, your copayment or participation amount may change. You will pay the amount applicable for the tier to which the prescription drug is assigned.

Find your formulary. Visit magellanrx.com/member/documents to view formulary documents. You are using the **Accord™** formulary.

Prior authorization

Your plan may have prior authorization requirements for select drugs. Drugs that require prior authorization may be hard to administer and may be used for certain conditions that are difficult to treat. These drugs may have side effects or can cause side effects if not used the right way. Prior authorization ensures that drugs are used correctly to help reduce safety risks and costs. Examples of drug classes that may require a prior authorization include medications used to treat pain, cancer, viral infection, and obesity. Visit magellanrx.com/member/documents to see if a specific drug requires a prior authorization.

How it works

1. First, present or mail your prescription to the pharmacy.
2. If prior authorization is required, your pharmacist or doctor can call the Magellan Rx Pharmacy Help Desk at **833.544.4515** (available 24/7).
 - **APPROVED:** If the benefit criteria are met, the pharmacist will enter an authorization, allowing your claim to process immediately.
 - **DENIED:** If the benefit criteria have not been met, the claim may be sent to Magellan Rx for review. If Magellan Rx finds that the benefit requirements are not satisfied, the claim will be denied. Magellan Rx will issue denial letters to both you and your doctor with next steps.

Step therapy

Step therapy is a safety program that helps to make sure the drug you have been prescribed is right for you. Drugs in this program require a member to try less expensive options before “stepping up” to a drug that costs more (e.g., you try an over-the-counter medication first, but it doesn’t help you – next you can try a tier 1 drug). This process helps control the risks and costs associated with prescription drug use. To see if your drug requires step therapy, visit magellanrx.com/member/documents.

How it works

1. First, present or mail your prescription to the pharmacy.
2. If step therapy is required, your pharmacist or doctor can call the Magellan Rx Pharmacy Help Desk at **833.544.4515** (available 24/7) to review available options.
 - **APPROVED:** If approved, we will let you know so you can process your prescription right away.
 - **DENIED:** If the step therapy requirements are not met, we will send a denial letter to you and your doctor with next steps.

Supply limits

Some prescription drugs are subject to supply limits that may restrict the amount dispensed per prescription order or refill. To determine if a prescription drug has been assigned a maximum quantity level for dispensing, either visit magellanrx.com/member/documents or call Magellan Rx customer service at **833.544.4515** with any questions about your prescription benefit. Whether or not a prescription drug has a supply limit is subject to Magellan Rx’s periodic review and modification.

Note: Some products are subject to additional supply limits based on criteria that the plan and Magellan Rx have developed, subject to periodic review and modification. The limit may restrict the amount dispensed per prescription order or refill and/or the amount dispensed per month's supply.

Appeals procedures

Requests for coverage determination or appeals relating to the pharmacy benefit should be sent to Magellan Rx in writing along with any other pertinent information you wish Magellan Rx to review in conjunction with your appeal. Send all information to:

Magellan Rx Management, LLC
Attn: CP – 4001
P.O. Box 64811
St. Paul, MN 55164-0811

If your appeal is denied, Magellan Rx will provide written notification to you or your authorized representative. Written notification will include the specific reason(s) for the denial and reference to the specific plan provision on which the adverse benefit determination was based.

Covered prescription drug expenses

There are certain prescription drugs and related expenses that are covered under your plan. The items listed below are considered covered prescription drug expenses. Out-of-network claims are not covered on the prescription drug benefit.

Prescription products. The plan will cover prescription products that are necessary for the care and treatment of an illness or injury and are prescribed by a duly licensed medical professional, and:

- Can be obtained only by prescription and are dispensed in a container labeled "Rx only"; and
- Are the following non-prescription products prescribed by a duly licensed medical professional:
 - » Compounded medications of which at least one ingredient is an FDA prescription drug;
 - » Any other medications that, due to state law, may be dispensed only when prescribed by a duly licensed medical professional; and
 - » In an amount not to exceed the day's supply outlined in the prescription schedule of benefits above, beginning on page 4.

Prescription drugs lost as a direct result of a natural disaster. Covered persons will be given the opportunity to prove that prescription drugs otherwise considered covered expenses under this plan were lost due to a natural disaster. Acceptable proof could include, but not necessarily be limited to, proof of other filed claims of loss (e.g., homeowner's, property).

Home delivery prescriptions. The plan will pay for covered expenses incurred by a covered person for prescription products dispensed through the home delivery pharmacy identified by Magellan Rx. Prescription products may be ordered by mail with a copayment from the covered person for each prescription or refill. The copayment is shown in the prescription schedule of benefits above, beginning on page 4. By law, prescription products may not be mailed to a covered person outside the United States.

Diabetic supplies. The plan will cover diabetic supplies, including blood sugar diagnostics, insulin, insulin syringes, lancets, and urine test strips. Standard tier copayments apply.

Affordable Care Act requirements. As part of the Patient Protection and Affordable Care Act (PPACA), non-grandfathered plans are required to cover select FDA-approved drug products related to preventive health services for adults and children without a member having to pay a copayment or co-insurance or meet a deductible.

Exclusions

The items listed below are NOT considered covered prescription drug expenses.

- Allergy extracts
- Growth hormones
- Infertility
- Immune serums
- Sexual dysfunction
- Weight loss agents

Questions?

Download the Magellan Rx mobile app, visit magellanrx.com/member/login or call customer service at **833.544.4515** with any questions about your prescription benefit. Help is available 24 hours a day, seven days a week.



Available on Apple and Google: The Magellan Rx mobile app

Download the Magellan Rx app today and get access to:

- Real-time prescription updates
- Notifications for prescription refills
- Alerts for severe drug-drug interactions
- Drug information and education
- Cost management tools
- Pharmacy claims history

These tools are also available online at magellanrx.com/member/login.