

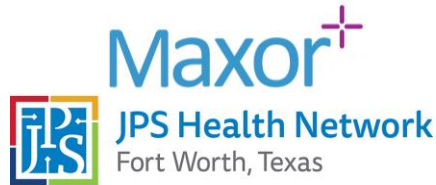
## JPS Health Network Summary of Prescription Benefit Coverage Exhibit C

Revised: 01/01/2024

*Note: The following document is not intended for distribution of any parties besides the associated carrier. The attached Summary of Drug Coverage describes the level of benefits, limitations and exclusions relative to your prescription drug coverage provided through JPS Health Network, your plan sponsor. For all other provisions affecting your benefits, including but not limited to eligibility and additional plan exclusions; refer to your Employer Plan Document, which is incorporated into this summary of prescription drug benefits.*

### Covered Items

- Accutane
- Acne, Topical – Generics Only
- Agents For Weight Loss – Phendimetrazine, Suprenza, Phentermine, Xenical
- Aerochambers
- Anaphylactic Kits
- Aspirin – Rx And OTC
- Continuous Glucose Monitors – effective 10/01/2022
- Compounded Medications - At Least One Ingredient Is A Legend Drug – Certain Ingredients Are Excluded
- Contraceptives – Oral, Injectable, Intravaginal, Female OTC, And Transdermal
- Dental Products For Periodontal Disease
- Depo-Testosterone
- DESI Drugs
- Diabetic Supplies – Insulin Pens/Syringes/Needles, Test Strips/Tape/Tabs, Lancets, Calibration Solutions
- Drugs For ADD/ADHD/Narcolepsy
- Drugs For Erectile Dysfunction
- Fluoride Supplements
- Folic Acid -Rx And OTC
- Glucometers
- Growth Hormones – PA Required
- Injectables – Self Administered Only And Not Listed Under Exclusions
- Insulin
- Insulin Pump (i.e. Omnipod) – effective 10/01/2022
- Iron Supplements Rx And OTC
- Legend Drugs – Except Those Listed As Exclusions
- Nasal Steroids – Generics Only
- Smoking Deterrents – Rx And OTC
- State Restricted Drugs (I.E., DEA Schedule V)
- Topical Tretinoins (Ex. Avita, Retin-A) – PA for Ages Over 40
- Vitamins (Rx Only)



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**Excluded Items**

- Acne, Oral Antibiotics
- Agents For Weight Loss – Except Those Listed Above
- Allergy Serum/Extracts
- Anti-Sera/Immune Globulins
- Anti-Wrinkle Agents (Ex. Renova)
- Blood, Blood Factors, Blood Plasma Or Biological Sera
- Contraceptives – Devices Or Implants
- Cosmetic Hair Removal Products (Ex. Vaniqa)
- Depigmenting Agents (Ex. Hydroxyquinone)
- Devices, Appliances, or Supplies, Including Support Garments & Non-Medicinal Subs.
- Drugs Indicated For Cosmetic Uses
- Fertility Agents – All (Oral And Injectable)
- Hair Growth Stimulants (Ex. Propecia)
- Homeopathic/Natural Legend Products
- Immunizations/Vaccines/Toxoids
- Injectables – Office Administered
- Me Too Drug List
- Low Value Drug List
- Medical Supplies
- Non-Legend Drugs (OTC's) – Except As Listed Above
- Nutritional Supplements
- Syringes/Needles, Other Than Insulin Type

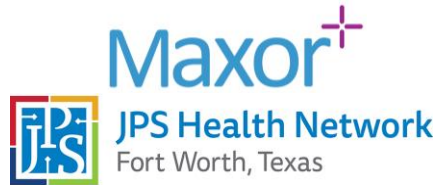
**Day Supply**

Walgreens Pharmacies or local grocery chains: 30 (*Effective 01/01/2023*)

JPS Pharmacies: 30 - 90 days

Exclusive Home Delivery Program: 90 day supply of maintenance medications to be filled through Maxor Mail Order Pharmacy or JPS Pharmacy (*Effective 01/01/2023*)

Specialty: 30 days



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**Copays:** Effective 1/1/23

HSP: members must satisfy deductible before copays below apply

**JPS Pharmacies / JPS Provider**

	<b>30 day supply</b>	<b>90 day supply</b>
Tier 1 (generics and some brands)	\$15	\$30
Tier 2 (preferred brands)	\$37.50	\$75
Tier 3 (non-preferred brands)	\$60	\$120
Tier 4 (specialty)	20% min. \$50 max \$150	
** JPS Medication list	\$5	\$10

**JPS Main Campus Pharmacy / Outside Provider**

	<b>30 day supply</b>	<b>90 day supply</b>
Tier 1 (generics and some brands)	\$22.50	\$56.25
Tier 2 (preferred brands)	\$60	\$150
Tier 3 (non-preferred brands)	\$97.50	\$251.25
Tier 4 (specialty)	N/A	N/A
** JPS Medication list	\$5	\$10

**Walgreens or Local Grocery Chains / JPS or Outside Provider**

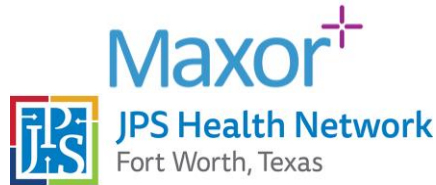
	<b>30 day supply</b>	<b>90 day supply</b>
Tier 1 (generics and some brands)	\$45	N/A
Tier 2 (preferred brands)	\$112.50	N/A
Tier 3 (non-preferred brands)	\$225	N/A
Tier 4 (specialty)	N/A	N/A

**DAW 1 and 2:**

Brand/Generic Copay differential applies.

If a physician or patient requests a brand name drug when a generic equivalent exists, the brand copay plus the cost differential between the brand and generic medication will apply.

\*\* Exception to DAW rules are Coumadin and all anti-seizure medications\*\*



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**Deductibles**

EPO: N/A

HSP: Effective 1/1/19

Tier 1 - \$1,500 individual / \$3,000 family integrated medical & Rx dollars per calendar year

Tier 2 - \$2,500 individual / \$5,000 family integrated medical & Rx dollars per calendar year

For family coverage, entire family deductible must be met before copays apply

DAW dollars do not apply to deductible accumulations.

Deductibles should accumulate towards MOOP accumulations.

*Note: those enrolled in family coverage are required to meet the full family deductible before copays will apply.*

**Maximum Out-of-Pocket**

**EPO:** \$1,600 individual / \$3,200 family separate Rx only maximum out-of-pocket amount applies for prescription benefits per calendar year.

Brand-Generic copay differentials do apply to the cost sharing limits.

**HSP:**

Tier 1 - \$3,000 individual / \$6,000 family

Tier 2 - \$5,000 individual / \$10,000 family

DAW dollars do not apply to MOOP accumulations

**Preventive Medications at \$0 Copay**

Aspirin for patients 45 and older

Folic acid for women up to the age of 55

Iron supplements up to the age of 1

Fluoride supplements up to the age of 6

Smoking deterrents

Vitamin D OTC for patients 65 and older

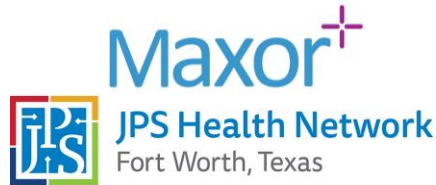
**Contraceptives**

Generics and single source brands at \$0 copay

Brands with generics available will be at tiered copays

**Statins**

\$0 copay for Simvastatin for all patients



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**JPS Medication List**

JPS Specific medication list that will have \$5 copay for 30-day supply and \$10 copay for 90-day supply. These specific drugs can be obtained at JPS Health Network in-house pharmacies only for a lower copay.

**Diabetic Medications and Supplies**

Diabetic medications and supplies that are generics or Tier 1 brands will have a \$0 copay if written by a JPS provider and filled at a JPS pharmacy.

**Asthma/COPD Medications**

Asthma/COPD medications that are generics or Tier 1 brands will have a \$0 copay if written by a JPS provider and filled at a JPS pharmacy.

**Hypertension Medications**

Hypertension medications that are generics or Tier 1 brands will have a \$0 copay if written by a JPS provider and filled at a JPS pharmacy.

**Weight Loss Medications**

-Weight loss medications listed under included above will have a Tier 2 copay of \$25 if written by a JPS Health & Wellness provider and filled at a JPS pharmacy.

-Weight loss medications listed under included above but written by any other JPS provider and filled at a JPS pharmacy will have a Tier 3 copay of \$40.

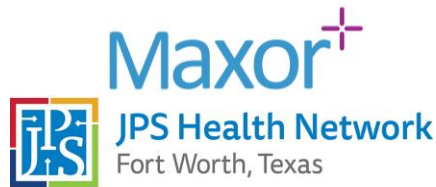
\*Weight loss medications cannot be filled at Walgreens/local grocery chains.\*

**Drugs Requiring Prior Authorization**

- MaxorPlus Standard PA List
- Weight Loss Products
- Monodox (must try IR doxycycline first)
- Zegerid brand (must try generic and other PPI generics first)
- List subject to change as MaxorPlus standard PA list changes.

**Drugs with Special Quantity Limits**

- Depo Provera Contraceptive- 90 day supply allowed at JPS Pharmacies or Walgreens/local grocery chains for 3 copays
- Estring - 90 day supply allowed at JPS Pharmacies or Walgreens/local grocery chains for 3 copays



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- Seasonique/Seasonale- 91 day supply allowed at JPS Pharmacies or Walgreens/local grocery chains for 3 copays
- MaxorPlus Standard Quantity Limits will apply for specific medications.
- List is subject to change as MaxorPlus Standard PA list changes.

**Dynamic Discounts – effective 01/01/2023:**

This program is funded by manufactures and provides discounts for members on certain chronic medications when they fill consistently and on time. Members are required to sign up for the program and can receive the discount at any pharmacy. If they do not sign up, they will not receive refill messages with discounts. Copay discounts are provided via text message and members have to confirm this when they register.

**Specialty Medications:** Restricted to JPS Infusion Pharmacy and Maxor Specialty Pharmacy

**myMaxorLink – effective 01/01/2023:** Mobile engagement platform that provides an enhanced pharmacy experience. Enrolled members are given the information they need to make purposeful pharmacy decisions in a timely fashion. myMaxorLink™ saves members money, effort, and confusion by delivering personalized messages directly to their mobile device. **TEXT MAXOR to 73529** to get started.

**Drug Formulary –effective 10/01/2022:** Focus Formulary

**Pharmacy Network - effective 01/01/2023:** JPS In-House Pharmacy, Walgreens, or local grocery chains (ex. Sam’s Club, Costco, Kroger, Tom Thumb, etc.)