PRESCRIPTION DRUG BENEFIT

The Plan includes a prescription drug benefit that is administered through Allegiant Rx and is contracted with MedOne to fill your 90-day supply prescriptions.

Allegiant Rx maintains a formulary—a list of covered prescription drugs designed to promote safe, effective, and cost-efficient use of medications. The formulary is reviewed and updated periodically, typically twice each year.

For questions about your prescription coverage, mail order, or formulary, contact the **Allegiant Rx Customer Service Center at 866-888-0103**.

SCHEDULE OF BENEFITS

The amount you pay for a prescription depends on the type of medication (generic, brand-name, or preventive) and where it is filled. The schedule below shows costs for in-network pharmacies.

General Plan Information	
Calendar Year Deductible	$100 Individual / $300 Family
Out-of-Pocket Maximum	$2,500 Individual; $5,000 Family

Retail Pharmacies (30-day supply)	Your Cost
Preventive Drugs	No cost
Generic Drugs	$15.00 copay
Brand Name Drugs No generic substitution available	$40.00 copay
Brand Name Drugs Generic substitution available	$40.00 copay plus the cost difference between brand name and generic drug
Note: You may fill a maintenance medication at a retail pharmacy up to three times. After that, it must be filled through mail order for the copay to apply. If you continue to fill at retail after the third fill, you will be responsible for 100% of the discounted cost.	

Mail-Order Pharmacy (90-day supply)	Your Cost
Preventive Drugs	No Cost
Generic Drugs	$30.00 copay
Brand Name Drugs No generic substitution available	$80.00 copay
Brand-Name Drugs Generic substitution available	Not covered at mail order

If the cost of a drug is less than the copay, you will pay the lower amount. You can compare prescription prices at different pharmacies by logging in at www.myallegiantrx before filling your prescription. Doing so can help you find the most convenient pharmacy and the lowest available cost under your plan.

OUT-OF-POCKET MAXIMUM

Your prescription benefit has a separate out-of-pocket maximum, which is the most you or your family will pay in copays for prescription drugs during a calendar year.

The annual maximums are:

- $2,500 per individual – Once an individual reaches this limit, the Plan covers that person's covered prescriptions in full for the rest of the year.
- $5,000 per family – Once the combined payments for all covered family members reach this amount, the Plan covers covered prescriptions in full for all family members for the rest of the year.

Note: Only the amount you actually pay counts toward your out-of-pocket maximum. If a manufacturer coupon or copay assistance program reduces or eliminates your copay, that amount does not apply. Costs you pay because of plan rules—such as choosing a brand-name drug when a generic is available or continuing to fill a maintenance medication at retail after the third fill—also do not count toward your out-of-pocket, and you remain responsible for these costs even after the limit is met.

PREVENTIVE MEDICATIONS

Certain prescription drugs, including contraceptives and other preventive medications, are covered at no cost to you. The list of covered preventive medications is established by the Federal government and may change over time. If you have questions about these medications, contact the Allegiant Rx Customer Service Center.

GENERIC AND BRAND-NAME DRUGS

You will pay less for a generic drug than for a brand name. When receiving a new prescription, ask your doctor if a generic or therapeutically equivalent option is available.

If you choose a brand-name drug when a generic equivalent exists, you will not be able to use the mail-order service and must pay the $40 brand-name copay plus the cost difference between the brand and generic drug. In some cases, this cost difference can be significant.

BIOSIMILAR MEDICATIONS

A biosimilar is a prescription drug that is highly similar to an existing brand-name biologic or specialty drug (called the "reference product"). Biosimilars have no meaningful differences from the reference product in terms of safety, effectiveness, or how they work in the body. All biosimilars must meet strict standards set by the U.S. Food and Drug Administration (FDA).

When a new biosimilar becomes available, Allegiant Rx will evaluate it for formulary placement. The biosimilar may be designated as the preferred drug, and the original biologic may no longer be covered.

RETAIL PHARMACY BENEFIT

Retail prescription benefits are available at most major pharmacies (except Walgreens, Walmart and Sam's Club) and many independent pharmacies. Present your Allegiant Rx/MedOne card and ask the pharmacist to confirm participation before filling your prescription. You can also locate a participating pharmacy by logging in at www.myallegiantrx.com.

Retail prescriptions are limited to a 30-day supply. You may fill maintenance medications (those taken on a daily or regular basis) at a retail pharmacy up to three times. After the third fill, you must use the mail-order pharmacy for ongoing refills to receive the copay benefit. If you continue to fill the prescription at retail, you will be responsible for 100% of the discounted cost.

MAIL-ORDER PHARMACY BENEFIT

All mail-order prescriptions are processed through MedOne, which dispenses up to a 90-day supply of medication, depending on your doctor's prescription and any quantity limits. Using mail order for maintenance medications is required and can help you save money on prescription costs.

To get started, visit www.myallegiantrx.com and create an account. Once registered, you can fill and renew prescriptions, track deliveries, receive refill reminders and update payment information. Copays must be paid before a prescription can be shipped.

You don't need to create an online account to use the mail order, but creating one is recommended for convenience. If you don't have internet access, call the Allegiant Rx Customer Service Center for assistance.

SPECIALTY PHARMACY BENEFIT

To provide access to specialty medications that treat complex or chronic conditions, Allegiant Rx partners with MedOne's network of specialty pharmacies. Examples of these conditions include cancer, hepatitis C, cystic fibrosis, hemophilia, HIV/AIDS, Crohn's disease, and multiple sclerosis.

A team of patient service representatives, care coordinators, nurses, and pharmacists work closely with patients to support treatment, provide education, coordinate care, and ensure safe and effective use of specialty medications. The specialty pharmacy ships these drugs directly to you or, when appropriate, to your physician's office.

Specialty medications are limited to a 30-day supply, and the copay is $40. To process a specialty prescription, you must provide the pharmacy with credit card or other payment information and copays must be paid before a prescription can be shipped.

If manufacturer copay assistance is available for a medication, your copay may be reduced or eliminated. The Specialty Pharmacy care team will help identify and enroll you in any available programs.

UTILIZATION MANAGEMENT

To help ensure safe, effective, and cost-efficient use of prescription drugs, Allegiant Rx uses Utilization Management (UM) programs for certain specialty and non-specialty medications. These include:

- **Prior Authorization (PA):** Some medications may not be covered unless your doctor requests and receives Prior Approval. Drugs that have a therapeutic equivalent (a different medication that works the same way) may also require approval before being covered.
- **Step Therapy:** Requires you to try one or more lower-cost or clinically preferred medications before a higher-cost drug is approved.
- **Quantity Limits:** Restricts the amount of medication dispensed at one time, based on FDA and manufacturer guidelines.

STANDARD EXCLUSIONS

The following items are not covered under the prescription drug benefit**:**

- Baby formula
- Biological sera
- Drugs dispensed in a hospital, physician office, nursing home, or other facility
- Drugs for hair loss or cosmetic use
- Experimental drugs or experimental use of approved drugs
- Infertility medications
- Lost, stolen, or spilled medications
- Medical foods, food supplements, nutritional supplements, vitamin supplements, or iron supplements
- Over-the-counter medications
- Prescriptions payable under a workers' compensation law or other related statute
- Weight-loss medications