

A background image of a laboratory setting, featuring a mortar and pestle on the left and several brown glass bottles on the right. A semi-transparent teal banner is overlaid across the middle of the image.

PHARMACY BENEFIT SUMMARY

10/01/2023

The logo for Stockbridge Community Schools, featuring a large orange letter 'S' followed by the text "STOCKBRIDGE" in orange and "COMMUNITY SCHOOLS" in white, all on a dark grey background.

S STOCKBRIDGE
COMMUNITY SCHOOLS

No Changes

Effective: 10/01/2023

- We are pleased to announce that there will be **NO** changes to your existing pharmacy benefit plan for the upcoming year!
- You can continue to utilize the current ID card that you have.

Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

Customer Service

800-311-3446 • 24/7/365

EHIM's primary mission is to provide our members with the best customer service possible. If you are experiencing a problem **filling a retail or mail order prescription**, contact EHIM's Pharmacy Help Desk.

For your convenience, our help desk has a representative available **24 hours a day, 7 days a week, 365 days a year.**

Our toll free number is **printed on the front of your ID card** for easy reference.

EHIM values our clients and we appreciate the opportunity to continue to service our members.

\$10	Copayment on any generic medication
\$40	Copayment on any Preferred Brand Medication
\$80	Copayment on any Non-Preferred Brand Medication
\$80	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available) The <i>physician</i> will indicate "DAW" or "Dispense as Written" on the prescription.
\$80	Copayment plus the difference in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
\$80	Copayment on all Specialty Medications (Example: Oncology, Multiple Sclerosis, Organ Transplant) Please contact EHIM at 800-311-3446
\$10	Copayment on any medication covered under the EHIM OTC program
Generic \$20 Brand \$80 NP Brand \$160	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through Mail Order in order to obtain them in a 3 month supply.
Single \$800 Family \$1,600	Out of Pocket Maximum: Once a member/contract spends the maximum in pharmacy copays that member/contract will have a \$0 copay on all covered medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at the single amount and the rest of the members under that contract will have to meet the other single max combined.

Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

Alliance Walgreen's + Prime Mail Order

EHIM offers a mail order program through Alliance Walgreen's + Prime Mail Order which allows you to receive a three month supply (61-90 days maximum) for the plan's designated number of copays. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the Alliance Walgreen's + Prime website (www.walgreens.com/mailorder) or by completing a hard copy prescription order form. You must complete a registration form for Alliance Walgreen's + Prime prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM at 800-311-3446 for assistance with registering with Alliance Walgreen's + Prime, or you may contact Alliance Walgreen's + Prime directly at 800-345-1985.

Non-Preferred Drug List

Some medications under this program are classified as "Non-Preferred". This means there are alternative medications which are therapeutically equivalent. If your physician writes for a medication that is part of our Non-Preferred List, you may want to discuss alternative medications that are just as effective.

EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at www.ehimrx.com for our National Pharmacy Directory and Pharmacy Locator tool.

EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at www.ehimrx.com.

OTC Medications available for **\$10 COPAY**

How to Use the OTC Program:

1. If you are currently using a prescription Anti-Ulcer or Allergy medication, talk to your physician about using an Over-the-counter (OTC) treatment.
2. If your physician believes an OTC treatment is right for you, ask them to write a prescription for the OTC medication. (OTC must be written on the script)
3. Present that prescription to the pharmacist.
4. The pharmacist will bill the prescription to EHIM.
5. **You will receive the OTC product for a \$10 copay!**

You can receive certain Over-the-counter (OTC) medications for a **\$10** copay. Your prescription drug program through EHIM provides coverage for certain OTC Anti-Ulcer and Allergy medications. These OTC medications are considered to be therapeutically equivalent to those medications available by prescription only.

To help reduce some of your current out of pocket costs, you may want to consider utilizing a medication available through the OTC program instead of your prescription medication.

Anti-Ulcer (Acid-Reflux) Medications		
If you take:		You are currently paying:
<ul style="list-style-type: none"> Dexilant 	<ul style="list-style-type: none"> Nexium 	\$80 Copay
If you change to:		You would pay:
<ul style="list-style-type: none"> Axid (nizatidine) Pepcid AC & Complete (famotidine) Prevacid OTC (lansoprazole) Prilosec OTC (omeprazole OTC) 	<ul style="list-style-type: none"> Tagamet (cimetidine) Zantac 360° (famotidine) Zegerid OTC (omeprazole/sodium bicarbonate) 	\$10 Copay
Allergy Medications		
If you take:		You are currently paying:
<ul style="list-style-type: none"> Flonase Nasal Inhaler Nasacort AQ Nasonex Nasal Inhaler 	<ul style="list-style-type: none"> Rhinocort Aqua Nasal Inhaler Veramyst Nasal Inhaler Xyzal 	\$80 Copay
If you change to:		You would pay:
<ul style="list-style-type: none"> Alavert (loratadine) Alavert-D (loratadine-D) Allegra (fexofenadine) Allegra-D (fexofenadine-D) Benadryl (diphenhydramine) Claritin (loratadine) 	<ul style="list-style-type: none"> Claritin-D (loratadine-D) Nasacort Allergy 24 HR Rhinocort Allergy Spray Zyrtec (cetirizine) Zyrtec-D (cetirizine-D) 	\$10 Copay



Pharmacy Benefits. *Managed.*

Patient Protection & Affordable Care Act (PPACA) Formulary

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154 :: 800-311-3446 :: 248-948-9900 :: www.ehimrx.com

List of Preventive Care Drugs - Covered for \$0.00 copayment

With preventive care services under the Affordable Care Act, several therapeutic classes of medications must have therapies available to members without any member cost-share. In short, the following list of medications are available to members for a \$0 copayment. If a member opts to use a medication within these therapy classes and the medication is **NOT** listed below, the member will have a cost-share based on the plan design (**Brand Copay on Alternative**). However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged to speak to their providers regarding the treatment that best fits their needs.

Rx Name	Drug Type	Rx Name	Drug Type
Antivirals (\$0.00 Copay)		Contraceptives - Oral (\$0.00 Copay)	
emtricitabine-tenofovir disoproxil fumarate (subject to clinical protocols)	Generic	necon 1/35-28	Generic
Contraceptives - Oral (\$0.00 Copay)		necon 1/50-28	Generic
apri	Generic	necon 10/11-28	Generic
aranelle	Generic	necon 7/7/7	Generic
aviane	Generic	nora-BE	Generic
azurette	Generic	norinyl	Generic
balziva	Generic	nortrel 0.5/35 (28)	Generic
camila	Generic	nortrel 1/35 (21)	Generic
caziant	Generic	nortrel 1/35 (28)	Generic
cesia	Generic	nortrel 7/7/7	Generic
cryselle-28	Generic	ocella	Generic
enpresse-28	Generic	ogestrel	Generic
errin	Generic	orsythia	Generic
gianvi	Generic	portia	Generic
gildess FE 1/20	Generic	quasense	Generic
gildess FE 1.5/30	Generic	reclipsen	Generic
heather	Generic	solia	Generic
jolivette	Generic	sprintec-28	Generic
jolessa	Generic	sronyx	Generic
junel 1/20	Generic	tilia FE	Generic
junel FE 1/20	Generic	tri-legest FE	Generic
junel 1.5/30	Generic	trinessa	Generic
junel FE 1.5/30	Generic	tri-sprintec	Generic
kariva	Generic	tri-lo-sprintec	Generic
kelnor 1/30	Generic	trivora-28	Generic
leena	Generic	velivet	Generic
levora	Generic	zenchent	Generic
low-orgestrel	Generic	zenchent FE	Generic
lutera	Generic	zovia 1/35E	Generic
microgestin 1/20	Generic	zovia 1/50E	Generic
microgestin 1.5/30	Generic	Contraceptives - Patch (\$0.00 Copay)	
microgestin FE	Generic	Ortho Evra	Brand
microgestin FE 1.5/30	Generic	Contraceptives - Ring (\$0.00 Copay)	
mononessa	Generic	Nuvaring	Brand
necon 0.5/35-28	Generic		

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Rx Name	Drug Type	Rx Name	Drug Type
Contraceptives - Diaphragm (\$0.00 Copay)		Statins (\$0.00 Copay, Men & Women Age 40-75)	
Femcap	Brand	atorvastatin 10mg, 20mg	Generic
Ortho All Flex	Brand	fluvastatin 20mg, 40mg	Generic
Ortho-Diaphragm	Brand	fluvastatin ER 80 mg	Generic
Contraceptives - Emergency (\$0.00 Copay)		lovastatin 10mg, 20mg, 40mg	Generic
levonorgestrel, next choice	Generic	pravastatin 10mg, 20mg, 40mg, 80mg	Generic
Contraceptives - Implantable (\$0.00 Copay)		rosuvastatin 5mg, 10mg	Generic
Paraguard	Brand	simvastatin 5mg, 10mg, 20mg, 40mg	Generic
Nexplanon	Brand	Preventive Medications (\$0.00 Copay)	
Contraceptives - Injectable (\$0.00 Copay)		aspirin 81mg (males 45-79 yrs, females 55-79 yrs)	Generic
medroxyprogesterone	Generic	folic acid .4mg - .8mg (females 18-45 yrs)	Generic
Smoking Cessation - Oral (\$0.00 Copay)		iron supplement (6mos - 1yr)	Generic
bupropion SR 150 (Zyban)	Generic	oral fluoride (under 5yrs old)	Generic
Chantix Starting Pack	Brand	vitamin D (65 years or older)	Generic
Chantix Continuing Pack	Brand	tamoxifen	Generic
Smoking Cessation - Inhaler (\$0.00 Copay)		Bowel Prep Agents (Men & Women Age 50-75)	
Nicotrol	Brand	gavilyte	Generic
Smoking Cessation - Gum (\$0.00 Copay)		gavilyte N/flavor pack	Generic
Nicotine Gum	OTC	gavilyte-G	Generic
Smoking Cessation - Lozenge (\$0.00 Copay)		PEG 3350/electrolytes	Generic
Nicotine Lozenge	OTC	PEG 3350NACL/NA	Generic
Smoking Cessation - Patch (\$0.00 Copay)		bicarbonate/KCL	Generic
Nicotine Patch	OTC	trilyte	Generic



In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

Both over the counter (OTC) medications and prescription medications are covered!

SAMPLE OF OVER-THE-COUNTER (OTC) MEDICATIONS INCLUDED:

• Commit 2mg Lozenges	\$0	• Nicotine 21/24 Hr. TD Patch	\$0
• Commit 4mg Lozenges	\$0	• Nicotine Polacrilex 2mg (Nicotine Gum)	\$0
• Nicotine 7/24 Hr. TD Patch	\$0	• Nicotine Polacrilex 4mg (Nicotine Gum)	\$0
• Nicotine 14/24 Hr. TD Patch	\$0		

SAMPLE OF PRESCRIPTION MEDICATIONS INCLUDED:

• bupropion hcl 150mg SA	\$0	• Nicotine Cartridge Inhaler	\$0
• Chantix Continuing Pack	\$0	• Nicotine Nasal Inhaler	\$0
• Chantix Starting Pack	\$0		

Talk to your physician about which treatment may be right for you!

How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over the counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. You will receive the medication for a \$0.00 copay.



Prescriptions that deliver in every way.

Alliance Rx Walgreens Prime

As a member of EHIM, you are eligible to enroll in Alliance Rx Walgreens Prime, offering you convenient delivery of your ongoing maintenance medications from Walgreens to the location of your choice.

It's easy to register and order prescriptions, just have the following ready:

- **Member ID Number** (Located on ID Card)
- **Group Number**
- **Payment Information**

Select the option that works for you and follow the steps to get started.

	Online	Fax	Mail	Phone
<p>1 REGISTER</p>	Register or Sign In at Walgreens.com/MailService. Follow the prompts to complete enrollment.	Not available	Send completed <i>Registration and Prescription Order Form</i> to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and ask to be registered for Walgreens mail service. Please have your insurance information handy.
<p>2 ORDER your first prescription.</p>	Ask your doctor if he or she can prescribe your medications electronically. If he or she is unable, select an alternative option.	Have your doctor complete and fax the <i>Prescriber Fax Form</i> to: 800-332-9581*	Send completed <i>Registration and Prescription Order Form</i> along with your original prescription to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and request that Walgreens reach out to your doctor for a new prescription.†
<p>3 REFILL‡</p>	Prescriptions eligible for refills are listed in your member profile at Walgreens.com/MailService.	Not available	Send completed <i>Preprinted Refill Order Form</i> enclosed with your last order to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and select “refill a prescription” or ask to speak with a customer service representative.

*By law, prescriber fax forms and e-prescriptions are valid only if sent from a prescriber's office.

†You will need to provide your doctor's contact information as well as the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

‡To automatically receive refills of your medications, select the “Auto Refill” option in your online profile or on the Registration and Prescription Order Form.

§Scripts that cannot be transferred and require a new written prescription include: expired prescriptions, no refills remaining, controlled substances & compound medications.



EHIM Pharmacy Call Center

800-311-3446

www.ehimrx.com