

BrightSpring Health Services – Prescription Drug Summary

About Your Prescription Drug Coverage

Prescription drug benefits, as described in this summary, are provided by Express Scripts to individuals who are eligible for and enrolled in the BrightSpring HDHP and Copay medical plan options offered under the BrightSpring Health Services Welfare Benefit Plan (“the Plan”) *. This benefit booklet describes your prescription drug benefits only. Information regarding eligibility, termination of coverage, continuation of coverage, claims and appeals and other relevant information about the Plan are contained in the BrightSpring Health Services Summary Plan Description.

Benefits Highlights

The table below provides an overview of the Plan's Prescription Drug coverage. It includes member cost share such as copay, deductible and coinsurance amounts that apply when you have a prescription filled at a Network Pharmacy. Coverage of required ACA Preventive Items & Services are included under your prescription benefit. The 2025 ACA Preventive Drug list can be found [here](#).

Service	BRIGHTSPRING HEALTH SERVICES PLANS			
Retail	You Pay			
In Network	\$900 Copay Plan	\$2,800 Copay Plan	\$2,000 Deductible ² with HSA	\$4,000 Deductible with HSA
Annual Deductible	\$900 Individual \$1,800 Family	\$2,800 Individual \$5,600 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$5,600 Individual \$11,200 Family	\$4,600 Individual \$9,200 Family	\$6,000 Individual \$12,000 Family
Generic ¹	\$10	\$10	20% after deductible	30% after deductible
Preferred Brand	\$50	\$50	20% after deductible	30% after deductible
Non-Preferred Brand	\$100	\$100	20% after deductible	30% after deductible
Specialty	Based on applicable tier			
Refill Limit	Varies			
Days Supply Limit	30 days			
Mail Order	You Pay			
Annual Deductible	\$900 Individual \$1,800 Family	\$2,800 Individual \$5,600 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$5,600 Individual \$11,200 Family	\$4,600 Individual \$9,200 Family	\$6,000 Individual \$12,000 Family
Generic ¹	\$25	\$25	Ded./coinsurance	Ded./coinsurance
Preferred Brand	\$50	\$50	Ded./coinsurance	Ded./coinsurance
Non-Preferred Brand	\$100	\$100	Ded./coinsurance	Ded./coinsurance
Refill Limit	Varies			
Days Supply Limit	90 days			
¹ Drugs on preventive list bypass the deductible and are subject to coinsurance only				
² Deductible is non-embedded meaning your family deductible must be met before anyone in your family can receive post-deductible benefits.				

Member Services

Visit the Express Scripts website, www.express-scripts.com, to view your plan design and member cost share information, search for details on prescription medications, locate a participating pharmacy near you, manage your home delivery prescriptions or obtain a list of preferred and non-preferred medications. For additional Plan inquiries, you may call Member Services directly at 1-800-309-6190.

Mobile App

Use the Express Scripts mobile app to view your Member ID card, find a pharmacy, price a medication, check claims, etc. The mobile app is available for free in both the App Store and Google Play. You can also access your Express Scripts account available through Single Sign On using the [BrightSpringConnect app](#).

Benefit ID Cards

You will receive an ID card that applies to both medical and pharmacy benefits. Present your ID card when filling a prescription at a Walgreens Network Pharmacy. Should you need additional or replacement ID cards, please visit <https://brightspring.quantum-health.com/> or call 1-866-885-1491.

Network Retail Pharmacies / Walgreens Advantage Network

The Express Scripts Pharmacy Network is a national network comprised of over 60,000 retail pharmacies. You will need to fill your prescriptions at a Walgreens retail pharmacy, mail order, or other participating retail pharmacy. Use one of these pharmacies to fill prescriptions for short-term medications, such as antibiotics. To find a local pharmacy, visit www.express-scripts.com and click “Locate a pharmacy” or contact Member Services.

Covered Expenses

- Most Brand name or Generic Drugs requiring a prescription under federal law (or applicable state law).
- Diabetic supplies such as glucose meters, test strips, lancets, syringes and needles.

Smart90

- Maintenance medications will be required to be filled at a 90-day supply either through a participating retail pharmacy or through mail order.
- There is a two-fill grace period for less than 90-day supplies before you’ll be required to switch. After the second purchase, you’ll pay the full retail price for the prescription if you continue to fill at a retail pharmacy.

Mandatory Generic Program

The Plan requires the use of Generic Drugs. Generic Drugs are always the least expensive alternative for both you and the Plan, costing about 30 to 80 percent less than brand name drugs. If you elect to receive a Brand-name Drug when a generic equivalent is available, even if your doctor writes your prescription as Dispense as Written (DAW), your cost will be the copay for the Generic Drug - plus the difference in cost between the Brand-name Drug and the Generic Drug. The cost difference will not apply to deductible or maximum out-of-pocket expenses. If you purchase a Brand-name Drug – and a Generic Drug does not exist– you will continue to pay only the Brand-name Drug copay.

Mail Order Program

The Plan offers the use of the Express Scripts Pharmacy Mail Order Program if you or one of your covered dependents takes a long-term or maintenance medication (such as those used to treat high blood pressure or high cholesterol).

The Express Scripts Pharmacy Mail Order Program provides up to a 90-day supply of medication, delivered directly to your home or other requested location, postage paid. You can have up to two 30-day supplies of a long-term medication filled at a retail pharmacy for the retail copay. After the second purchase, you will pay the full retail price for the prescription if you continue to purchase the long-term medication at a retail pharmacy.

To fill your prescription through the Express Scripts Pharmacy Mail Order Program, ask your doctor to fax your prescription by calling Member Services at 1-800-309-6190 for further instruction. Your medication will usually be delivered within 8 days of Express Scripts receiving your order.

To ensure timely delivery, please place your orders at least two weeks in advance to allow for mail delays and other circumstances beyond our control. If you have any questions concerning your order, or if you do not receive your medication within the Express Scripts designated timeframe, please contact Member Services.

As you manage your prescriptions, please be aware that each and every prescription is filled and checked by highly qualified registered pharmacists to ensure that quantity, quality and strength are accurate. A patient profile is maintained on file to ensure that there are no adverse reactions with other prescriptions you are receiving from retail and/or mail order pharmacies. If any questions arise regarding potential drug interactions or other adverse reactions, Express Scripts pharmacists will contact either you or your doctor prior to dispensing the medication.

Coverage limits

The Plan may have certain coverage limits. For example, a medication might be limited to a certain amount (such as the number of pills or total dosage) within a specific time period.

Quantity / Dose Limitations

Certain medication classes may have quantity limits based on FDA and manufacturer guidelines.

If you submit a prescription for a drug that has coverage limits, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will give you or your doctor a toll-free number to call. If you use the Express Scripts Pharmacy, your doctor will be contacted directly.

When a coverage limit is triggered, more information is needed to determine whether your use of the medication meets your Plan's coverage conditions. We will notify you and your doctor in writing of the decision. If coverage is approved, the letter will indicate the amount of time for which coverage is valid.

Prior Authorization

Some medications may not be covered unless you receive approval through a prior authorization coverage review.

In addition, certain Non-Preferred medications will be covered only if you get prior approval through a coverage review. If you fill a prescription for one of the medications without getting prior approval, you'll be responsible for the drug's entire cost. Please contact Member Services at 1-800-309-6190 or visit www.express-scripts.com to determine a drug's coverage.

Step Therapy

You may be required to try one or more equally effective front-line drugs (typically generic) to treat a medical condition before the plan will cover another, usually more expensive, drug.

Please contact Express Scripts Member Services at 1-800-309-6190 for more information.

Rx Savings Solutions (RxSS)

Rx Savings Solutions is a complimentary service that can help you find the lowest priced option for your prescription drug coverage. This benefit is linked to your BrightSpring Health Services pharmacy plan, so everything is personalized according to your medications and medical plan coverage. Here are some member benefits you can expect to receive when you [Activate Your Account](#) with RxSS:

- Rx Savings Solutions uses software that matches your medications to options that cost less under your insurance plan. [Activate Your Account](#) today!

- Your online account shows what lower-cost prescriptions are available and lets you compare prices. It also automatically lists any medication you've filled so it's all in one place.
- Rx Savings Solutions will contact you when you're spending too much on prescriptions you're currently taking or new ones you're prescribed in the future.
- If you decide to switch to a more affordable prescription, Rx Savings Solutions will consult with your doctor to get their approval on any changes and take care of all the other details.
- Visit myrxss.com/faq to learn more and find answers to frequently asked questions or call Rx Savings Solutions at 1-800-268-4476 or support@rxsavingsolutions.com.

As part of your enrollment in the BrightSpring medical plan, you will be required to register an account with RxSS to maintain medical plan coverage. The chart below includes the registration deadline based on your effective date of coverage. If you do not register by the deadline, your coverage will be dropped prospectively as outlined below.

Coverage Effective Date	Registration Deadline	Termination of Coverage
January 1, 2025	March 1, 2025	April 1, 2025
January 2 – July 31, 2025	September 1, 2025	October 1, 2025
August 1, 2025 – January 1, 2026	March 1, 2026	April 1, 2026

Specialty Pharmacy Services

Specialty pharmacy services are for patients with certain complex and chronic conditions. BrightSpring uses two specialty pharmacy providers – Accredo, an Express Scripts company and CareMed, a BrightSpring Health Services company. When you request a specialty medication using your member ID card, you will be routed to the appropriate specialty pharmacy provider. With Accredo and CareMed you can expect to receive:

- Confidential and convenient delivery with packaging and handling protocols designed so medication arrives with integrity intact.
- Clinical services to assist the patient—under the supervision of his/her physician—in implementing the prescribed course of treatment.
- Compliance programs to promote patient persistency and help the patient improve his/her quality of life.

Accredo Contact Information		CareMed Contact Info	
1-800-803-2523	www.accredo.com	1-877-227-3405	www.CareMedSP.com

SaveOnSP

SaveOnSP is program for certain specialty drugs and utilizes manufacturer copay assistance programs. Express Scripts offers the SaveOnSP program in conjunction with Accredo and CareMed, our third-party specialty prescription vendors.

Under the Affordable Care Act, benchmarks are utilized to classify certain specialty products as non-essential health benefits, removing these drugs from the accumulator (deductible). The plan implements higher copays on the targeted drugs to fully utilize the copay assistance amount available, resulting in savings for the patient and the plan. After all funds are applied, the patient's final remaining responsibility will be zero. Participation is required in the SaveOnSP program is you are prescribed one of the targeted drugs in more than 20 specialty categories, [including](#):

- Oncology
- Inflammatory conditions
- Multiple sclerosis
- Blood cell deficiency
- Hepatitis C
- Hereditary angioedema
- Pulmonary arterial hypertension

- Cystic Fibrosis
- Hemophilia
- Asthma & Allergy

Alternative Prescription Drug Sourcing

BrightSpring, in collaboration and in full agreement with Express Scripts, may seek alternative funding and/or sourcing arrangements for complex and costly specialty medications. These arrangements reduce prescription drug spend for the health plan and the member. BrightSpring ensures full compliance with ERISA and the IRS when using alternative sourcing vendors. When individual drug programs are rerouted to an alternative sourcing arrangement, BrightSpring will communicate to members utilizing that prescription drug.

Weight Loss Medications

Coverage of Weight Loss medications are based on a Benefit Exception Override Policy with BMI and lifestyle engagement requirements. Eligible members will be required to enroll in a weight loss program administered by Omada Health and actively engage in the program to continue to qualify for coverage. A new Prior Authorization will be required for all weight loss medications filled on or after January 1, 2025. For questions, contact Express Scripts member services 1-800-309-6190.

GLP-1 Medications for Diabetes

Coverage of Diabetic GLP-1 medications will be based on a Prior Authorization policy with type 2 diabetes A1C, glucose, or medical diagnosis code requirements.

Medical Specialty Prescription Drug Benefit

Certain specialty medications are filled under the medical component of the plan versus the prescription component. You may be able to receive certain drugs cost-effectively through a medical specialty prescription drug benefit or other programs administered by Archimedes. If you qualify for benefits in a program administered by Archimedes, specific benefit limitations may apply, such as being required to obtain the drug from a specific location or to satisfy Prior Authorization, Step Therapy, or other medical management criteria. You can learn more about Archimedes, the list of drugs available through these programs, and any benefit limitations that may apply to your specific situation by logging into www.archimedesrx.com or by calling Archimedes member services at 888-504-5563.

Expenses Not Covered

If any expense not covered is contrary to any law to which the Plan is subject, the provision is hereby automatically changed to meet the law's minimum requirement. No payment will be made under any portion of the Plan for:

- A drug that can be purchased without a prescription order; these are commonly called over-the-counter (OTC) drugs
- A drug that is available both OTC and as a prescription item in the same dosage strength and form
- Therapeutic devices or appliances, support garments and other non-medical devices (may be covered under medical)
- Medication that is to be taken by or administered to a Plan participant, in whole or in part, while the Plan participant is a patient in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home, or similar institution that operates on its premises a facility for dispensing pharmaceuticals (may be covered under medical)
- Investigational or experimental drugs
- Prescriptions that a Plan participant is entitled to receive without charge under any Workers' Compensation law or any municipal state or federal program
- Glucowatch Products
- Abortifacients Mifeprex

- Contraceptive Devices, IUDs (except Diaphragms and Cervical Caps) (may be covered under medical)
- Implantable Contraceptives (may be covered under medical)
- Implants by Route and Dosage form, Non-specialty
- Nutritional Supplements and Combo Nutritional Products
- Relenza/Tamiflu (when purchased from home deliver/mail service pharmacy)
- Drugs to Treat Impotency Except Yohimbine, all other situations
- Some Ostomy Supplies
- Non-Specialty/Not Self Injectable
- Blood or Blood Plasma Products
- Allergy Sera
- Human Growth Hormone
- Compounded drugs that contain certain bulk chemicals. Compounded drugs that are available as a similar commercially available Pharmaceutical Product.
- Certain New Pharmaceutical Products and/or new dosage forms until the date as determined by the Claims Administrator or the Claims Administrator's designee, but no later than December 31st of the following calendar year
- A Pharmaceutical Product that contains (an) active ingredient(s) which is (are) a modified version of and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year,
- Benefits for Pharmaceutical Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- Pharmaceutical Product with an approved biosimilar or a biosimilar and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. For this exclusion, a "biosimilar" is a biological Pharmaceutical Product approved based on showing that it is highly similar to a reference product (a biological Pharmaceutical Product) and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Such determinations may be made up to six times per calendar year.
- Experimental or Investigational Services and Unproven Services and all services related to Experimental, or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device, or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition.
- Self-administered or self-infused medications. This exclusion does not apply to medications which, due to their characteristics must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. This exclusion does not apply to hemophilia treatment centers contracted to dispense hemophilia factor medications directly to Covered Persons for self-infusion.

*Please note: This is not meant to be an all-inclusive list of covered or excluded benefits, please contact Express Scripts customer service to verify specific coverage.

Direct Claims

Your Plan provides for reimbursement of prescriptions when you pay 100% of the prescription price at the time of purchase. Pharmacy claims must be submitted within 365 days of the date of service to be eligible for reimbursement. You will be eligible for reimbursement at the contracted rate that Express Scripts has for that pharmacy less your applicable copay or coinsurance. To request reimbursement, you can submit a request online at www.express-scripts.com. You can also request a form from the website and follow the instructions included on the form for submission.

Claims and Appeals (other than Direct Claims)

If your claim is denied, or you believe that you should be covered by the prescription drug plan but are not, you may file a claim or appeal this decision. Please see the Claims and Appeals Process section in the Summary Plan Description for details on how the claims and appeals process works.

Definitions**ACA Preventive Items & Services**

Items & Services that all marketplace health plans must cover without charging a copay or coinsurance

Brand-name Drug

A medication that is available only from its original manufacturer or from another manufacturer that has a licensing agreement to make the drug with the brand-name manufacturer. These medications are marketed under a recognized brand name. A Brand-name Drug may have a generic equivalent once the manufacturer is required to allow other manufacturers the opportunity to make the medication.

Copay/Coinsurance

A portion of the total cost of the claim that must be paid by the member.

Direct Claim

A reimbursement process whereby the member pays 100% of the prescription drug cost at the time of purchase and then submits a paper claim for reimbursement.

Federal Legend Drugs

A drug that requires a prescription; these drugs can be identified by the presence of "Federal Legend" on the label.

Formulary

A list of commonly prescribed medications that have been selected based on their clinical effectiveness and opportunities for savings. An independent Pharmacy and Therapeutics committee updates this list regularly based on continuous evaluation of medications. You can contact Express Scripts Member Services at 1-877-476-9275 to determine if the Brand-name Drug you are taking is on the formulary. You can also locate this information at www.express-scripts.com. If a drug you are taking is *not* on the formulary, you may want to discuss alternatives with your doctor or pharmacist. Using drugs on the formulary will keep your costs lower.

Generic Drug

Medication that is therapeutically equivalent to a brand medication, but manufactured at a lower cost. The Food and Drug Administration (FDA) requires generic medications to meet the same standards as Multi Source (brand) medications.

In-Network Retail Claims

Claims processed by pharmacies that are included in the member's pharmacy network.

Maintenance Medication

Medications prescribed for long-term use, (e.g., the medication taken daily by high-blood pressure sufferers or diabetics).

Multi Source (Brand) Drug

Medication that may have an FDA generic equivalent substitute available.

Network Pharmacy

A retail pharmacy that has an agreement currently in effect with Express for this Plan to dispense Prescription Drugs to members.

Non-Preferred Brand Name Drug

Drugs which are not recommended based on their relative (to other available products) poor performance in efficacy, safety or cost. A non-preferred drug will be dispensed but higher copay will be paid.

Out-Of-Network Claims

Claims processed by pharmacies that do not participate in the Plan's pharmacy network.

Out-of-Network Pharmacy

A retail pharmacy that does not currently have an agreement with Express Scripts for this Plan.

Over the Counter (OTC)/equivalent list

A list of products that is available both over the counter and as prescription items in exactly the same dosage strength and dosage form.

Prescription Drug

Drugs and medicine that by law require a prescription.

Prior Authorization

Some medications may not be covered unless you receive approval through a prior authorization coverage review.

Step Therapy

A Plan rule that requires a member to first try one or more specified drugs to treat a particular medical condition before the Plan will cover another (usually more expensive) drug that the member's doctor may have prescribed.

Weight Loss

Glucagon-Like Peptide-1 Agonists for EncircleRx

- Saxenda® (liraglutide subcutaneous injection – Novo Nordisk)
- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)
- Zepbound® (tirzepatide subcutaneous injection - Eli Lilly)
- Additional products may be added as FDA approval is gained

Member Resources

Contact	Phone	Website
ESI	1-800-309-6190	www.express-scripts.com
Archimedes	1-888-504-5563	www.archimedesrx.com
RxSS	1-800-492-1051	www.rxss.com
BrightSpring Benefits Support Center	1-844-896-0169	www.brightspringbenefits.com
Imagine360/Quantum Health	1-866-885-1492	www.BrightSpring.Quantum-Health.com

BrighSpringConnect

Download the BrightSpringConnect mobile app for direct access to all BrightSpring member resources including single sign-on to Express Scripts, Quantum Health and RxSS.

