

BrightSpring Health Services – Prescription Drug Summary

About Your Prescription Drug Coverage

Prescription drug benefits, as described in this summary, are administered by the Plan’s pharmacy benefits manager, MedImpact, for 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 document serves as the Summary Plan Description (SPD) and plan document for prescription drug coverage under the Plan. Where applicable, this SPD may be supplemented by the SPD for medical benefits under the Plan, but in the event of a conflict between this SPD and the medical SPD, this SPD shall control with respect to prescription drug benefits. 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 Plan’s Summary Plan Description. This SPD is effective as of January 1, 2026.

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 is included under your prescription benefit and may be available at no cost to you. The 2026 ACA Preventive Drug list can be found [here](#).

Service	BRIGHTSPRING HEALTH SERVICES PLANS				
Retail	You Pay: Imagine360				You Pay: Coupe
In Network	\$900 Copay Plan	\$2,800 Copay Plan	\$2,000 Deductible ¹ with HSA	\$4,000 Deductible with HSA	Copay Plan
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	\$0 Individual \$0 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	\$8,000 Individual \$16,000 Family
Generic²	\$10	\$10	20% after deductible	30% after deductible	\$10
Preferred Brand	\$50	\$50	20% after deductible	30% after deductible	\$50
Non-Preferred Brand	\$100	\$100	20% after deductible	30% after deductible	\$100
Specialty	Based on applicable tier				Based on applicable tier
Refill Limit	Varies				Varies
Days Supply Limit	30 days				30 days
Mail Order	You Pay: MedImpact				
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	\$0 Individual \$0 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	\$8,000 Individual \$16,000 Family
Generic^{Error!} <small>Bookmark not defined.</small>	\$25	\$25	20% after deductible	30% after deductible	\$25
Preferred Brand	\$125	\$125	20% after deductible	30% after deductible	\$50
Non-Preferred Brand	\$250	\$250	20% after deductible	30% after deductible	\$100
Refill Limit	Varies				Varies
Days Supply Limit	90 days				90 days

¹ Non-embedded family deductible applies

² Drugs on preventive list bypass the deductible and are subject to coinsurance only (to the extent they are not covered at no cost)

Member Services

Visit the [MedImpact website](#) 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 844-401-2049.

Mobile App

Use the MedImpact 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.

Benefit ID Cards

You will receive a combined medical and pharmacy ID card. Present your ID card each time you fill a prescription. If you do not show your ID card, you will be required to pay the full cost of the prescription and submit a claim for reimbursement as described later in this SPD.

Network Retail Pharmacies / Walgreens Advantage Network

The MedImpact 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 in order to receive the benefits described in this SPD. Use one of these pharmacies to fill prescriptions for short-term medications, such as antibiotics. To find a local pharmacy, visit MedImpact's [pharmacy locator tool](#), member portal, or contact Member Services.

If you choose to obtain your medication at a pharmacy that is outside of our network, you will be responsible for 100% of the drug costs.

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.

Maintenance Medications (90-day supply via participating retail or mail)

- 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 prescriber indicates Dispense as Written (DAW), you will pay the generic copay plus the brand-generic cost difference. 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 MedImpact 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 MedImpact 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 MedImpact Pharmacy Mail Order Program, ask your doctor to fax your prescription by calling Member Services at 844-401-2049. Your medication will usually be delivered within 7-10 days of MedImpact 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 MedImpact 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, MedImpact pharmacists will contact you and/or your prescriber prior to dispensing the medication.

Coverage limits

The Plan may limit a medication to a specific quantity or dose within a 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 MedImpact 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 these medications without getting prior approval, you'll be responsible for the drug's entire cost. Please contact Member Services at 844-401-2049 or visit www.medimpact.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 MedImpact Member Services at 844-401-2049 for more information.

Rx Savings Solutions (RxSS)

You are required to enroll in Rx Savings Solutions (RxSS) in order to access the prescription drug benefits described in this SPD. RxSS is a service that can help you find the lowest-priced option for your prescription drug coverage. RxSS is provided at no additional cost to you. This service is linked to your BrightSpring Health Services pharmacy plan, so everything is personalized according to your medications and medical plan coverage.

When you [Activate Your Account](#) with RxSS, you will gain access to the following benefits and services:

- RxSS uses software that matches your medications to options that cost less under your insurance plan.
- 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 is all in one place.
- RxSS will contact you if it discovers lower cost options for prescriptions you're currently taking or new ones you're prescribed in the future.
- If you decide to switch to a different prescription, RxSS will consult with your doctor to get their approval on any changes and take care of related details.
- Visit myrxss.com/faq to learn more and find answers to frequently asked questions, or call Rx Savings Solutions at 800-268-4476 or support@rxsavingsolutions.com.

Registration in RxSS is required to maintain prescription drug coverage. You must register by a specific date in order to access prescription drug benefits (see deadlines below). If you do not register by the applicable deadline, your prescription drug coverage will be dropped prospectively as outlined below.

Coverage Effective Date	Registration Deadline	Termination of Coverage
January 1, 2026	March 1, 2026	April 1, 2026
January 2 – July 31, 2026	September 1, 2026	October 1, 2026
August 1, 2026 – January 1, 2027	March 1, 2027	April 1, 2027

Specialty Pharmacy Services

MedImpact provides the following specialty pharmacy services for patients with certain complex and chronic conditions:

- 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.

Alternative Prescription Drug Sourcing

The Plan 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. When individual drug programs are rerouted to an alternative sourcing arrangement, BrightSpring will communicate to members utilizing that prescription drug.

GLP-1 Medications for Diabetes

Coverage of Diabetic GLP-1 medications will be based on a Prior Authorization policy requiring documented type 2 diabetes (e.g., A1C/glucose results or diagnosis code). Weight-loss medications are excluded from coverage unless they are prescribed solely for the purposes of diabetic management.

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 covered 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
- A drug that is not approved by the FDA, which may also include off-label use
- Any drug being used solely for cosmetic purposes
- Drugs not covered by a current prescription order
- 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, including Mifeprex
- Contraceptive Devices (e.g., IUDs) – covered under medical per plan rules;
- 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 delivery/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 Serums
- 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 MedImpact customer service to verify specific coverage.

Direct Claims Reimbursement

Your Plan provides for reimbursement of covered 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 must also have been covered by the Plan on the date of service to be eligible for reimbursement; you will not be reimbursed for prescription drug costs incurred prior to your becoming covered under the Plan. You will be eligible for reimbursement at the contracted rate that MedImpact has for that pharmacy, less your applicable copay or coinsurance.

To request reimbursement, you can submit a request online through the MedImpact Member portal. 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. See Article 7: Claims and Appeals Process of the Plan's Summary Plan Description.

Definitions

ACA Preventive Items & Services

Items & Services that the Affordable Care Act requires a plan to 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 an electronic or 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 MedImpact Member Services at 844-401-2049 to determine if the Brand-name Drug you are taking is on the formulary. You can also locate this information at www.medimpact.com/web/login. 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 MedImpact 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 a 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 MedImpact for this Plan.

Over-the-Counter (OTC)/equivalent list

A list of products that are 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.

Member Resources

Contact	Phone	Website
MedImpact	844-401-2049	www.medimpact.com/web/login
Archimedes	888-504-5563	www.archimedesrx.com
RxSS	800-492-1051	www.rxss.com
BrightSpring Benefits Support Center	844-896-0169	www.brightspringbenefits.com
Imagine360/Quantum Health	866-885-1492	www.BrightSpring.Quantum-Health.com

BrightSpringConnect

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

