

ARCHIMEDES™

# BrightSpring January 1, 2026 SPD

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ALL PLANS



## Medical Specialty Prescription Drug Benefits Summary Plan Description

*The Plan's medical specialty prescription drug benefits are administered by Archimedes.*

### **About Your Specialty Prescription Drug Benefits**

*Specialty prescription drug benefits, as described in this summary, are administered by Archimedes for individuals who are eligible for and enrolled in the 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 specialty prescription drug coverage under the Plan. Where applicable, this SPD may be supplemented by the SPD for medical or non-specialty prescription drug benefits under the Plan, but in the event of a conflict this SPD shall control with respect to specialty prescription drug benefits. This benefit booklet describes your specialty 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.*

### **Medical Specialty Prescription Drug Covered Expenses**

Medical Specialty medications are drugs that are used to treat complex conditions, such as cancer, hemophilia, immune deficiency, multiple sclerosis and rheumatoid arthritis. The Specialty Drug List can be found by logging into [www.archimedesrx.com](http://www.archimedesrx.com) or by calling Archimedes member services at 888-533-6096 and is updated from time-to-time.

Up to a 30-day supply of medical specialty drugs will be covered at a time. Medical specialty drugs are only available through the approved Archimedes specialty pharmacy network.

Not all specialty drugs are covered by the benefit, and some specialty drugs may be covered under the medical or pharmacy benefit. Select specialty medications, typically covered under the medical benefit, may be covered through Archimedes and you may be required to obtain these medications at the most cost-effective site of care. Likewise, select medications that are administered by a health care professional may be required to be obtained through Archimedes.

Some specific reasons a drug may not be covered are listed below. This list is subject to change.

- Drugs not approved by the U.S. Food and Drug Administration (FDA), which may also include off-label use (meaning drugs that may be prescribed, but are not approved for that condition or age group);
- Drugs labeled “Caution: Limited by federal law to investigational use”;
- Any drug being used for cosmetic purposes;
- Medical devices or appliances;
- Prescription drugs not covered by a current prescription order;
- Drugs not listed on the Plan’s Formulary;
- Any compounded drugs that contain products excluded by the Plan;
- Drugs of unproven clinical efficacy and/or value;

- Drugs that have less expensive, but clinically equivalent alternatives;
- Products for nutritional support, unless required for coverage by the Affordable Care Act;
- Products recently approved by the FDA may not be covered upon release to the market;
- Coverage may be changed and/or the amount you pay may vary based on the condition being treated.

If your drug is not covered and you think it should be, you may ask us to make an exception to the drug coverage rules, by having your physician submit a statement that explains the medical reasons for requesting an exception. This letter and request can be faxed to 866-491-6971. We will review your request and determine whether it qualifies for an exception.

## The Amount You Will Pay for Medical Specialty Drug Coverage

Benefits are provided for the payment of the prescription charge, less the amount you pay, according to your benefit design, for each prescription order or refill. You will NEVER pay more than the cost of the drug. The amount you pay for each prescription order or refill will be determined based on the applicable “tier” (or level) of the drug, and the day supply of the drug. Refills of prescriptions are allowed after 75% of the previous prescription has been used (e.g., 23 days in a 30-day supply).

If the drug has copay assistance available, the amount you pay for select medications may be set to the maximum of the current benefit design, \$0 or the amount determined by the manufacturer-funded copay assistance program. Once copay assistance is exhausted, the amount you pay will be no more than your benefit design. Dollars used from copay assistance programs will not be considered member out-of-pocket costs and will not count toward your deductible and/or out-of-pocket maximums. If you received financial assistance such as a manufacturer’s reimbursement or coupon, you are obligated to report the financial assistance amount including any supporting documentation as may be requested.

\*Please note the below listed \$3,500 and \$4,500 plans will be terminating effective 5/31/2026.

Deductible	Deductible Type	Individual	Family
<p><b>\$4,500 Plan, \$2,000 Plan, \$2,800 Plan, \$4,000 Plan</b> You pay 100% of the drug cost up to the amounts listed to the right.</p>	<p><b>\$900 Plan, \$3,500 Plan, \$4,500 Plan, \$2,800 Plan, \$4,000 Plan</b> Your deductible is embedded, meaning your post-deductible copays/coinsurance will apply if you meet your individual deductible or any member of your family meets the family deductible.</p>		
<p><b>\$900 Plan, \$3,500 Plan, \$4,500 Plan, \$2,000 Plan, \$2,800 Plan, \$4,000 Plan</b> Your deductible is integrated with your medical plan.</p>	<p><b>\$2,000 Plan</b> Your deductible is non-embedded, meaning your family deductible must be met before anyone in your family can receive post-deductible benefits as outlined below.</p>	See table below	See table below
<p><b>Coupe Plan</b> Your plan does not have a deductible.</p>	<p><b>Coupe Plan</b> Your deductible type is not applicable.</p>		

Tier 4 (Specialty Drugs)	THE AMOUNT YOU PAY AT AN IN-NETWORK PHARMACY AFTER DEDUCTIBLE	THE AMOUNT YOU PAY AT AN OUT-OF-NETWORK PHARMACY AFTER DEDUCTIBLE
Coupe Plan	20% coinsurance	Not Covered
\$900 Plan	20% coinsurance	Not Covered
\$3,500 Plan	30% coinsurance	Not Covered
\$4,500 Plan	30% coinsurance	Not Covered
\$2,000 Plan	20% coinsurance	Not Covered
\$2,800 Plan	30% coinsurance	Not Covered
\$4,000 Plan	30% coinsurance	Not Covered

Out-of-Pocket Maximum	Out-of-Pocket Type	Individual	Family
<p>Your out-of-pocket maximum is the maximum amount you will pay in any plan year. This means any copay or coinsurance paid by you will apply to your out-of-pocket maximum.</p> <p>Your out-of-pocket maximum is integrated with your medical plan.</p>	<p><b>Coupe Plan, \$900 Plan, \$3,500 Plan, \$4,500 Plan, \$2,800 Plan, \$4,000 Plan</b> Your out-of-pocket maximum is embedded, meaning once you have met your individual out-of-pocket maximum, you can receive post out-of-pocket benefits.</p> <p><b>\$2,000 Plan</b> Your out-of-pocket maximum is non-embedded, meaning your family out-of-pocket maximum must be met before anyone in your family can receive post-out of-pocket benefits.</p>	See table below	See table below

Tier 4 (Specialty drugs)	Individual Deductible	Individual Out-of-Pocket Maximum	Family Deductible	Family Out-of-Pocket Maximum
Coupe Plan	N/A	\$8,000	N/A	\$16,000
\$900 Plan	\$900	\$4,000	\$1,800	\$8,000
\$3,500 Plan	\$3,500	\$8,550	\$7,000	\$17,100
\$4,500 Plan	\$4,500	\$6,550	\$9,000	\$13,100
\$2,800 Plan	\$2,800	\$5,600	\$5,600	\$11,200
\$2,000 Plan	\$2,000	\$4,600	\$4,000	\$9,200
\$4,000 Plan	\$4,000	\$6,000	\$8,000	\$12,000

## Non-Essential Health Benefits

Your plan covers select Non-Essential Health Benefits Drugs at the tiers outlined below. The amount you pay for Non-Essential Health Benefits Drugs will NOT count toward your out-of-pocket maximum. A list of Non-Essential Health Benefits drugs can be found by logging into [www.archimedesrx.com](http://www.archimedesrx.com).

Non-Essential Health Benefits Drugs	THE AMOUNT YOU PAY AT AN IN-NETWORK PHARMACY	THE AMOUNT YOU PAY AT AN OUT-OF-NETWORK PHARMACY
Tier 1 drugs	50% coinsurance	Not Covered
Tier 2 drugs	70% coinsurance	Not Covered
Tier 3 drugs	80% coinsurance	Not Covered
Tier 4 drugs	90% coinsurance	Not Covered
Tier 5 drugs	100% coinsurance	Not Covered
Maximum Day Supply	30 Days	N/A

## Generic and Brand-Name Medications

Prescription drugs are dispensed under three names: the biosimilar name, generic name and the brand name. Biosimilar drugs are alternatives to brand specialty drugs and are almost an identical copy. A generic drug is chemically equivalent to a brand drug for which the patent has expired. By law, biosimilar, generic and brand name medications must meet the same standards for safety, purity, and effectiveness.

## Drug Coverage Guidelines - Quality and Utilization Management

To promote safety and clinically appropriate care while controlling costs, prescription drug coverage may be restricted in quantity or require prior authorization and/or step therapy through Drug Coverage Guidelines. These guidelines can be found in the pharmacy section of our website.

- a. Prior Authorization - The Plan requires a review to determine if the drug qualifies for coverage under the benefit. If your physician prescribes a drug that requires a prior authorization, the PBM will work with your prescriber to complete the prior authorization review. Either you or the pharmacy can ask your doctor to call 888-533-6096 to initiate the prior authorization or appeal process. You can also contact us via mail at:

You can also contact us via mail at:

Archimedes  
 Prior Authorizations and Appeals  
 5250 Virginia Way, Suite 300  
 Brentwood, TN 37027

Prior Authorization Forms can be found at <https://archimedesrx.com/resources>. Once your prior authorization is reviewed, a clinician may contact your doctor to discuss your case and potential medication alternatives. Your doctor may change your prescription, when medically appropriate, to a different brand name or generic medication.

- b. Quantity Restrictions - For certain drugs, the amount of the drug that will be covered by the plan is limited based on national standards and current scientific literature. These limits ensure the quantity of units supplied for each prescription remain consistent with clinical dosing guidelines and benefit plan design.
- c. Step Therapy - In some cases, you are required to first try certain drugs to treat your medical condition before the Plan will cover another drug for that condition. For example, if Drug A and

Drug B both treat your medical condition, the Plan may not cover Drug B unless you try Drug A first.

- d. Appeals - If you request authorization for a drug that is covered under the Archimedes benefit, and that request is clinically denied, you have the right to appeal that decision. This denial may be appealed twice, and if coverage is still denied, you may have the option for your case to be reviewed by an Independent Review Organization (“IRO”) as a final review and coverage determination. Decisions issued by IRO cannot be appealed.