RxBenefits

Prescription Benefit Coverage

Schaeffler | Administered by RxBenefits, Inc. and Caremark, Effective January 1, 2023

Note: *Members may contact RxBenefits Member Services at 1.800.334.8134 or visit caremark.com . If there are any additional questions, please contact your Human Resource Department.*

CDHP

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	Subject to deductible
Preferred Brand	Subject to deductible
Non-Preferred Brand	Subject to deductible

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	Subject to deductible
Preferred Brand	Subject to deductible
Non-Preferred Brand	Subject to deductible

Accumulations

Deductible Embedded	$3,000.00 Individual/ $6,000.00 Family

Maximum Out of Pocket (MOOP) Embedded	$3,000.00 Individual/ $6,000.00 Family/ $3,000 with in Family

The calendar year Deductible applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the Deductible. The Deductible does apply to the Maximum Out of Pocket (MOOP).

The calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the MOOP.

Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Caremark Specialty Pharmacy by calling Caremark at 1.800.237.2767. Some exceptions apply. These medications are limited to a 1-30 day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate co-insurance as listed below. Caremark Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication	Caremark
Specialty Generic	Subject to deductible
Specialty Preferred Brand	Subject to deductible
Specialty Non-Preferred Brand	Subject to deductible

Retail and Mail Order Pharmacies

Schaeffler participates in the Caremark pharmacy network. Contact RxBenefits Member Services at 1.800.334.8134 to inquire about a specific pharmacy.

Manufacturer Copay Assistance Program (MCAP)

Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, you will not receive credit toward your maximum out of pocket or deductible for any copayment or co-insurance amounts that are applied to a manufacturer coupon or rebate. Your employer has elected to enroll in Caremark's True Accumulation program(s).

Generic Policy - Dispense As Written (DAW)

If your doctor writes a prescription stating that a Generic may be dispensed, we will only pay for the Generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Brand copay/coinsurance plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.

Maintenance Drug

A medication that is used for chronic health conditions on an ongoing or long-term basis (e.g., antihypertensive medication taken daily to control high blood pressure). After three 30-day supply fills at a retail pharmacy location, your plan requires maintenance medications be filled in 90-day supplies by Caremark's mail order pharmacy or a CVS retail pharmacy location.

Preventive Medications

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles, maximum out of pockets, or other limitations such as annual caps or limits. If enrolled in the CDHP Plan, medications on the HDHP Standard Preventive Drug List (Brand and Generic) Preventive Medications List will bypass the Deductible and be processed at a 20% co-insurance. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at caremark.com to check drug costs and coverage.

Compound Drugs

For compound drugs to be covered, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs must not contain any ingredient on a list of excluded ingredients. Any denial of coverage of a compound drug may be appealed in the same manner as any other drug claim denial under this coverage. Compounded medications equal to or exceeding $300 per script will require prior authorization.

Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Caremark or RxBenefits. This list reflects the current clinical judgment of practicing health care practitioners based on a review of current data, medical journals, and research information. In your prescription drug coverage, the Formulary Drug list is used as a guide for determining your costs for each prescription. Drugs not listed on the Standard with ACSF (Caremark RxClaim) Formulary may not be covered. Your formulary is Standard with ACSF (Caremark RxClaim).

The following lists are not all-inclusive, but rather are lists of the most commonly used prescription drugs. These lists are subject to change. The Caremark formulary provides an up-to-date list of medications that may be covered by the program. The Caremark formulary may be found online at caremark.com. You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.

Covered Drugs and Supplies

The following examples of Covered Drugs and Supplies may be available with your prescription benefit coverage. FDA-approved pharmaceuticals requiring a written prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist. Please contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at caremark.com to check coverage.

- ACA Preventative Services List
- ADHD/ADD
- Androgen
- Anti-Obesity/Anorexiants/Appetite Suppressant
- Contraceptives
- Diabetic Medication (Insulin/Non-Insulin)
- Diabetic Supplies (Alcohol Swabs)
- Diabetic Supplies (Blood Glucose Meters)
- Diabetic Supplies (Lancets, Test Strips)
- Diabetic Supplies (Syringes & Needles)
- Diabetic Supplies (Pumps & Supplies)
- Erectile Dysfunction
- Fertility Medications (Injectable & Oral)
- Fluoride
- Glucose (Oral)
- Growth Hormones
- HSDD (i.e., Addyi)
- Insomnia/Sedatives/Hypnotics
- Legend Drug Compounds
- Legend Vitamins (Rx)
- Migraine Medications
- Needles & Syringes (Non-Insulin)
- Narcolepsy
- Pain/Narcotics/Opioids
- Respiratory Supplies
- Smoking Cessation Products
- Specialty Medications
- Topical Acne Medications

Covered Drug Limitations

Certain Prescription Drugs are covered up to preset limits. These limits are based upon standard FDA approved dosing for the medications. If you request that a prescription be filled for a drug that is subject to quantity limitations, the prescription will be filled up to the preset limits. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, Prior Authorization is required. In such cases your doctor may initiate Prior Authorization by calling RxBenefits toll-free at 1.800.334.8134. Many drugs are subject to quantity limitations for patient safety based on FDA guidelines. Your plan has identified the following drug categories for Quantity Limits.

- Anti-Influenza Agents
- Anti-nausea Agents
- Diabetic Test Strips
- Erectile Dysfunction (ED) Agents
- Migraine Agents
- Opioid Analgesics
- Sleep Agents
- Topical Anesthetics

For more information about specific drugs subject to coverage limitations, please call RxBenefits Member Services at 1.800.334.8134 or visit caremark.com.

Prior Authorization and Appeals

If a prescription drug claim is wholly or partially denied, you or your authorized representative has the right to appeal the decision. You or your authorized representative may appeal the denial no later than 180 days after receiving notice of an adverse claim decision. Appeals of prescription drug claims are handled by RxBenefits and are decided in accordance with the terms of the plan document. Following a clinical review, one of four actions will occur: the medication is approved, the medication claim is denied, the doctor may decide to withdraw and prescribe a different medication, or the reviewer can dismiss the claim due to lack of communication from the prescriber. If denied, the appeal process is available. Your prior authorizations are handled by PBM.

The following medications may require a prior authorization under your plan:

- Acne Topical Agents
- ADHD Medications
- Opioid Analgesics
- Anti-Infective Agents
- Anti-ulcer Medications
- Antiviral Agents
- Anti-Fungals
- Diabetic Agents
- Migraine Agents
- Narcolepsy Medications
- Specialty Medications
- Testosterone
- Topical Antihistamines
- Topical Anti-Inflammatories

The Appeal Process

If denied, the member may appeal the decision. Upon appeal, a second pharmacist reviewer will evaluate the prior authorization and make a decision (approved/denied). If denied a second time, a final appeal may be made, which is forwarded to an outside medical reviewer. If denied, there are no further appeals.

Your doctor may initiate the Prior Authorization, quantity limit, high dollar claim review or any other rejection process by calling RxBenefits at 1.800.334.8134.

Exclusions

Coverage is not provided for:

- Allergy Serums (Injectable & Oral)
- Anabolic Steroids
- Blood Products/Blood Serum
- Bulk Powder Compounds
- Cosmetics
- Experimental Medications
- Medical / Therapeutic Devices (Inc. DME)
- Non-ACA Vaccines
- Nutritional Supplements
- Standard RX/OTC Equivalents
- Periodontal Products

Pharmacy Identification Card (ID Card)

Your pharmacy ID card enables you to participate in the prescription drug card program. Present your separate pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact RxBenefits Member Services at 1-800-334-8134 for pharmacy processing information.

Definitions:

Co-Insurance

The percentage of charges a Participant is required to pay for covered prescription drugs.

Copayment (Copay)

The specified charge you are required to pay for a Covered Drug.

Brand-Name

A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

Generic Drug

A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although a generic drug is chemically identical to its branded counterpart, it is typically sold at substantial discounts from the branded drug's price.

Over-the-Counter Drug (OTC)

Any medical substance that can be purchased without a prescription. OTC medications are not covered by your plan unless otherwise stated.

Non-Preferred Brand

Non-Preferred Brand is a Brand Name prescription drug that does not appear on the formulary of Brand Name Drugs designated by Caremark as Preferred. Members may pay a higher cost for Non-Preferred Brand-Name Prescription Drugs than for Preferred Brand-Name Prescription Drugs.

Preferred Brand Drug

Preferred Brand Drug is a prescription drug that appears on the formulary of Brand-Name Prescription Drugs designated by Caremark as Preferred. This list is subject to periodic review and modifications by Caremark. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on caremark.com. Members pay a lower copay/co-insurance for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

For More Information About the Prescription Benefit Coverage

Schaeffler has partnered with Caremark and RxBenefits to provide prescription drug benefits. Caremark serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, caremark.com, is designed to help you explore ways to track your prescription benefits. You may use the site to locate pharmacies and compare prescription drug costs.

Questions?

Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.

RxBenefits, Inc. does not provide legal advice. Nothing herein or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. It is the responsibility of the employer/plan sponsor and not RxBenefits, Inc. to determine the contents of its group health plan document and related summary plan description. The employer/plan sponsor should consult with its legal counsel regarding the contents of its group health plan and summary plan description, and the legal requirements that may be applicable thereto. For plan members with questions about plan coverage, please consult your HR Department.

RxBenefits' Pharmacy FAQ

Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

How Do I Learn More About My Prescription Benefits?

Your pharmacy benefits are part of the specific insurance coverage selected by your employer, and are designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan, and if so, your co-payment or co-insurance.

Details of your specific benefits plan including drug coverage can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's co-pays, benefits, covered healthcare services, and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800.334.8134.

Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, work, or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your PBM's website for more information.

Note: Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. You will need to then submit a claim form to your plan for reimbursement.

What Is A Drug List/Formulary?

All prescription benefit plans, including yours, use what is called a "formulary" that may also be referred to as a drug list. The formulary / drug list contains brand-name and generic medications that are covered by your plan. All medications on the formulary have been approved by the Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the drug list/formulary instead.

RxBenefits' Pharmacy FAQ (continued)

Please call the Member Services number on the back of your ID card at any time to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. Or you can refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

What Is A Prior Authorization?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out of pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

What Is The Difference Between Generic & Brand Medications? How Does It Affect My Benefits?

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on a brand-name drug. You can typically save money by using generic medications.

Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

Why are generic medications less expensive?

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

How can I request a generic medication?

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

RxBenefits' Pharmacy FAQ (continued)

Can My Prescription Be Switched To A Drug With A Lower Co-Payment?

If your current prescription medication is not a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your healthcare provider.

You can also select lower cost options from your PBM's website where you manage your current prescriptions. You'll get information to discuss with your healthcare provider and the tools to get started.

How Do I Order Medications Using Home Delivery?

Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose. Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective. Check your plan details for more information on how copays vary using home delivery vs. a retail pharmacy.

I Am Going To Be Out Of Town For An Extended Period. How Do I Get An Extra Supply Of Drugs To Cover Me For That Time?

If you are going to be out of town for an extended period and need extra medication, call the member services number on the back of your member ID card to request a vacation override. You must provide the member services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system and you can pick up your medication at your local pharmacy.

Who do I contact with questions about my specific plan and/or medications?

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.334.8134** or emailing **CustomerCare@rxbenefits.com**.