

CITY OF SPRINGFIELD 2023 OPEN ENROLLMENT

If you are enrolled in the medical plan, you have prescription drug coverage through Elixir Rx. Listed below is a snapshot of your prescription drug benefits:

POINT OF SERVICE PLAN (POS)

Participating Pharmacy Network:	Preferred	Elixir 90	AllianceRx Mail Service
Maximum Day Supply Allowed:	1-34 (1 st through 3 rd fills)	84-90 (4 th through 99 th fills)	84-90
Generic Copay:	\$15	\$45	\$37.50
Formulary Copay:	\$25	\$75	\$62.50
Non-Formulary Copay:	\$45	\$135	\$112.50
Dispense As Written (DAW) Penalty (If you choose to fill a brand over its generic equivalent):	Brand copay plus difference in cost between the brand and generic equivalent		
Specialty Medication Copay:	\$50, limit 30 day supply for specialty medications		
Annual Rx Deductible:	\$50 per Individual or \$150 per Family. The deductible begins every March 1 st . <i>Please note that only prescriptions apply to the POS Rx deductible. Medical does not apply.</i>		
Annual Rx Out-of-Pocket Maximum:	\$1,000 per Individual or \$3,000 per Family. The out-of-pocket maximum begins every March 1 st . <i>Please note that only the Rx copays listed above apply to the POS Rx out-of-pocket maximum. Medical does not apply.</i>		

* Regardless of the day-supply limit you choose to fill, the 84-90 day supply copays listed above **will apply for the fourth and all subsequent fills**. When you receive a new prescription from your doctor it is recommended he/she write for two prescriptions: a short term prescription (e.g. 34-day supply) and a long term prescription (e.g. a 90-day supply) so you can first try the medication for one month before subsequently filling the 90-day supply.

HDHP PLAN

Participating Pharmacy Network:	Preferred	Elixir 90	AllianceRx Mail Service
Maximum Day Supply Allowed:	1-34	84-90	84-90
Annual Medical/Rx Combined Deductible:	\$3,000 per Individual or \$6,000 per Family. Once the medical/Rx combined deductible is met, you will pay \$0 for prescriptions until the end of the benefit year. <i>Please note that both medical and prescriptions apply toward the HDHP plan deductible.</i>		
Generic Copay:	\$0	\$0	\$0
Formulary Copay:	\$0	\$0	\$0
Non-Formulary Copay:	\$0	\$0	\$0
Specialty Medication Copay:	Deductible, then \$0. Limit 30 day supply for specialty medications		

The Elixir Select Formulary

The formulary list is a guide to select generic and brand medications across various therapeutic categories. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand medicine to treat a condition. These preferred brand medicines are listed to help identify products that are clinically appropriate and more cost-effective for the member and Plan. The formulary list represents brand and generic products and is subject to change. Formulary drug information will be available to you during the 2023 open enrollment period or via Elixir's website at www.elixirsolutions.com.

Prescription Drug

A prescription drug, brand or generic drug, medicine, or medication covered by the plan is a Federal Legend Drug (a drug that requires a prescription) as defined by the Food and Drug Administration (FDA). Experimental drugs or substances/products that are not approved by the FDA for production, distribution or marketing are not covered by the plan.

Drugs Not Covered

The following drugs, drug classes, or drug categories are not covered. **This is not an all-inclusive list.**

Over-the-Counter (OTC) Drugs or Products

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Botox / Myobloc
Hair Growth Stimulants
Hair Removal Agents
Injectable Nutritional Supplements
Respiratory Therapy Supplies

\$0 Copay Medications

Your pharmacy benefit plan includes coverage before your deductible has been met for certain medications. To see if your medication applies, contact Elixir (**1.800.771.4648**).

Your Prescription Drug ID Card

Your Trustmark medical ID card contains Elixir's processing information. Present your ID card at participating pharmacy any time you have a prescription filled. If the prescription is covered or approved, you will be charged the applicable copay or deductible amount.

How do I use www.elixirsolutions.com?

You can register as a member on Elixir's website at www.elixirsolutions.com. To register, you will need your Participant/Cardholder ID number from your ID card. You will be able to access a variety of information including claim forms, the formulary listing, prescription history reports, pharmacy locator, drug price, and alternative drug finder, and much more. If you need assistance with registration or navigation of the Elixir website, don't hesitate to call Elixir at **1.800.771.4648**.

Network of Participating Pharmacies

You may find a participating retail or Elixir 90 pharmacy via Elixir's website at www.elixirsolutions.com or call Elixir at **1.800.771.4648**.

Options for filling 90-day supplies of my maintenance medications

1. Elixir 90 Network: You can fill 90-day supplies at a pharmacy participating in the Elixir 90 network which consists of chain, grocery store, and independent pharmacies. Just present the pharmacy with your ID card and a valid 90-day supply prescription.
2. AllianceRx Mail:
 - a. If you have never used mail order and wish to do so you will need to register via online or paper form. Registration information can be found by logging onto Elixir's website. Please allow 14 days for delivery from the time your order is placed. AllianceRx Mail will arrange for payment and home delivery service with you.

Please Note: By Law, pharmacies must fill your prescription for the exact quantity of medication prescribed by your doctor or other prescriber, up to the 90-day supply limit allowed by the Plan. "30-days plus two refills" does not equal one prescription written for 90-days.

Specialty Pharmacy Program

Specialty drugs treat multi-faceted chronic diseases such as psoriasis, multiple sclerosis, rheumatoid arthritis and cystic fibrosis. Specialty drugs typically require unique clinical, administration, distribution and handling requirements. Elixir's Best in Class SpecialtyRx provides members with access to specialty medications in a clinically sound and cost-effective manner. If you believe you may be taking a specialty medication, please reach out to Elixir's help desk for assistance at **1.800.771.4648**. Elixir will coordinate your filling of the specialty medication at the appropriate Best in Class Specialty pharmacy.