

# CommonSpirit Mountain Region Pharmacy Benefit Summary

Welcome to your pharmacy benefit provided by CommonSpirit Mountain Region! This pharmacy benefit summary provides information about your pharmacy benefit, answers frequently asked questions, and tells you where to go with questions.

**Benefit Effective Date: July 1, 2023**

## Benefit Plan Design

The ClearScript Formulary is divided into “tiers” that determine how much you pay for your medications.

| SUMMARY OF PHARMACY BENEFITS  | Value Plan                            |                              | HRA                                   |                              | HSA                                   |                              |
|-------------------------------|---------------------------------------|------------------------------|---------------------------------------|------------------------------|---------------------------------------|------------------------------|
|                               | CommonSpirit Mountain Region Pharmacy | ClearScript Network Pharmacy | CommonSpirit Mountain Region Pharmacy | ClearScript Network Pharmacy | CommonSpirit Mountain Region Pharmacy | ClearScript Network Pharmacy |
| <b>Retail</b>                 | <b>30/90-Day Supply</b>               | <b>30/90-Day Supply</b>      | <b>30/90-Day Supply</b>               | <b>30/90-Day Supply</b>      | <b>30/90-Day Supply</b>               | <b>30/90-Day Supply</b>      |
| Generic (Tier 1)              | \$10/\$25                             | \$20/\$60                    | \$10/\$25                             | \$20/\$60                    | 20% after ded.                        | 50% after ded.               |
| Preferred Brand               | \$30/\$75                             | \$50/\$150                   | \$40/\$100                            | \$60/\$180                   | 20% after ded.                        | 50% after ded.               |
| Non-Preferred Brand           | \$60/\$150                            | \$80/\$240                   | \$80/\$200                            | \$100/\$300                  | 20% after ded.                        | 50% after ded.               |
| <b>Specialty (Tiers 4-6)*</b> |                                       |                              |                                       |                              |                                       |                              |
|                               | 10%                                   |                              | 20%                                   |                              |                                       |                              |
| Generic/Preferred Brand       | (\$100 max)                           | N/A                          | (\$200 max)                           | N/A                          | 20% after ded.                        | N/A                          |
| Non-Preferred Brand           | 10%                                   | N/A                          | 20%                                   | N/A                          | 20% after ded.                        | N/A                          |
|                               | (\$200 max)                           |                              | (\$300 max)                           |                              |                                       |                              |
| <b>Mail Order</b>             |                                       |                              |                                       |                              |                                       |                              |
|                               | <b>90-Day Supply</b>                  |                              | <b>90-Day Supply</b>                  |                              | <b>90-Day Supply</b>                  |                              |
| Generic (Tier 1)              | \$25                                  | N/A                          | \$25                                  | N/A                          | 20% after ded.                        | N/A                          |
| Preferred Brand               | \$75                                  |                              | \$100                                 |                              | 20% after ded.                        |                              |
| Non-Preferred Brand           | \$150                                 | N/A                          | \$200                                 | N/A                          | 20% after ded.                        | N/A                          |

\*Specialty Medications in tiers 4-6 are available only through CommonSpirit Mountain Region Pharmacy. In the event CommonSpirit Mountain Region Pharmacy is unable to fill your specialty prescription, a CommonSpirit Mountain Region pharmacist can assist in directing you to another qualified pharmacy determined by your benefit.

Not all medications included on the ClearScript Formulary are covered by the CommonSpirit Mountain Region Pharmacy Benefit Program. The presence of a medication on the formulary does not guarantee coverage. Coverage for some drugs may be limited to specific dose forms and/or strengths. The medications listed on the ClearScript Formulary are subject to change.



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## Deductibles

If you are enrolled in the HRA or Value Plan plans you do not have a pharmacy benefit deductible.

If you are on the HSA plan, your covered medical and pharmacy expenses apply to your annual deductible. This means you are responsible for paying 100% of your pharmacy expenses until you reach your deductible amount. Once you meet your deductible, you are responsible for only your coinsurance until you reach your maximum out-of-pocket limit.

## Out-of-Pocket Maximums

Your covered out-of-pocket costs for medical and pharmacy expenses are combined in calculating when you meet your out-of-pocket maximum. The maximum out-of-pocket limit is the most you will pay during the coverage period for pharmacy benefits. Once you have reached the maximum out-of-pocket limit, the pharmacy benefit pays 100% of your covered expenses.

For the HSA plan, your deductible dollars apply to your maximum out-of-pocket limit.

| HRA Plan              |          |             |                   |
|-----------------------|----------|-------------|-------------------|
|                       | Employee | Employee +1 | Employee + Family |
| Maximum Out-of-Pocket | \$3,500  | \$7,000     | \$10,500          |

| Value Plan            |          |             |                   |
|-----------------------|----------|-------------|-------------------|
|                       | Employee | Employee +1 | Employee + Family |
| Maximum Out-of-Pocket | \$3,500  | \$7,000     | \$10,500          |

| HSA Plan              |          |                   |
|-----------------------|----------|-------------------|
|                       | Employee | Employee + Family |
| Maximum Out-of-Pocket | \$3,000  | \$6,000           |
| Deductible            | \$1,500  | \$3,000           |

## Drug Coverages

Not all medications included on the ClearScript Formulary are covered by the CommonSpirit Mountain Region Pharmacy Benefit Program. The presence of a medication on this formulary does not guarantee coverage. Coverage for some drugs may be limited to specific dose forms and/or strengths. The medications listed on the ClearScript Formulary are subject to change.

|   |  |
|---|--|
| <b>Compound Medications</b>               | <ul style="list-style-type: none"> <li>Contact Member Customer Service at 888-807-7029 for compound coverage information.</li> </ul>   |
| <b>Cosmetic Indications</b>               | <ul style="list-style-type: none"> <li>Acne-Topical Retinoids are covered for individuals through age 29.</li> <li>Prior authorization required for those over age 29.</li> </ul>  |
| <b>Vitamins</b>                           | <ul style="list-style-type: none"> <li>Vitamins are covered for individuals age 65 and older.</li> <li>Prenatal vitamin agents used in pregnancy are covered.</li> <li>Single entity vitamins with a prescription are covered.</li> <li>Multivitamins are not covered.</li> <li>Pediatric vitamins with a prescription are covered.</li> </ul> |
| <b>Prescription Fluoride Products</b>     | <ul style="list-style-type: none"> <li>Dental supplies (toothpaste, rinse, topical) are not covered.</li> <li>Pediatric (tabs, chews drops) are covered.</li> </ul>  |
| <b>Smoking Cessation</b>                  | <ul style="list-style-type: none"> <li>OTC and prescription smoking cessation products are covered.</li> </ul>   |
| <b>Erectile Dysfunction Medications</b>   | <ul style="list-style-type: none"> <li>Not covered</li> </ul>  |
| <b>Weight Loss Medications</b>            | <ul style="list-style-type: none"> <li>Not covered</li> </ul>  |
| <b>Vaccines</b>                           | <ul style="list-style-type: none"> <li>See Medical Benefit for coverage</li> </ul>   |
| <b>Over the Counter (OTC) Medications</b> | <ul style="list-style-type: none"> <li>All OTCs are not covered.</li> <li>Prescription drugs that have an equivalent OTC medication available are not covered.</li> </ul>  |
| <b>Diabetic Supplies and Insulin</b>      | <ul style="list-style-type: none"> <li>Insulin, blood monitors and kits, blood test strips, insulin syringes and needles, devices and insulin pump supplies, lancets, and urine tests are covered.</li> <li>Blood glucose calibrations solutions, swabs and pump batteries, remotes and miscellaneous supplies are not covered.</li> </ul>     |
| <b>Fertility</b>                          | <ul style="list-style-type: none"> <li>Fertility medication dispensed at a pharmacy are covered with a maximum of \$1,000 per individual per year.</li> </ul>  |
| <b>Oral Contraceptives</b>                | <ul style="list-style-type: none"> <li>Catholic based entities—Refer to ClearScript at 866-718-2845.</li> </ul>  |

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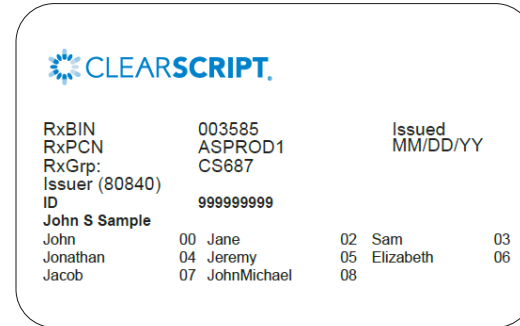
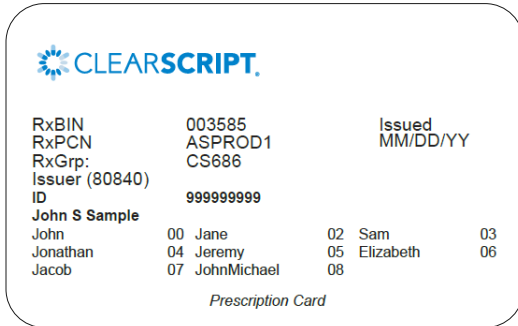
## Additional Coverage Information

|                            |  |
|----------------------------|--|
| <b>Prior Authorization</b> | <p>Some medications on the formulary require prior approval before the pharmacy benefit provides coverage. In these instances, your physician will need to fill out a form to provide additional clinical information. A clinical review is performed to determine if your use of the medication is consistent with the pharmacy benefit coverage.</p> <p>Medications requiring prior authorization have been reviewed by a committee that considers nationally accepted treatment protocols, medical literature and FDA-approved labeling in determining if prior authorization is required.</p>  |
| <b>Quantity Limits</b>     | <p>For some medications, your pharmacy benefit limits the days supply that can be dispensed for a period of time.</p> <p>The goal of the Quantity Limit program is to promote cost effective use of medications based on FDA-approved dosing guidelines, medical literature and other factors.</p> <p>Quantity limits are revised on an ongoing basis as clinical information changes and new guidelines and standards of care are updated.</p>  |
| <b>Step Therapy</b>        | <p>For medications requiring Step Therapy, you are required to try a first step medication before a second step medication is considered for coverage. If you are not able to take the first step medication for medical reasons or if the first step medication is determined to be inappropriate or ineffective for your treatment, your doctor can request a prior authorization for a second step medication. A clinical review is performed to determine coverage.</p> <p>Prior Authorization, Quantity Limits and Step Therapy criteria are revised on an ongoing basis as clinical information changes and new guidelines and standards of care are updated. To find out if a medication you are prescribed requires Prior Authorization, Quantity Limits or Step Therapy, visit our Member Page at <a href="http://clearscript.org/mountainregion">clearscript.org/mountainregion</a> to access the Formulary Guide or call 888-807-7029 for the most current formulary information.</p> <p>For specific information about your pharmacy benefit coverage, please refer to your Summary Plan Document.</p> |

## Filling Your Prescriptions

To have your prescription filled, simply present your prescription and your pharmacy benefit card to the pharmacist at a CommonSpirit Mountain Region Pharmacy or a retail pharmacy in our pharmacy network. The pharmacist will enter your information into the claims system and collect your copayment or deductible/coinsurance.

**Only your ClearScript pharmacy benefit card can be used to fill your prescriptions—your medical benefit card will not provide the information needed to process your pharmacy claims.**



Your pharmacy benefit card will arrive in the mail. If you do not receive your card, please contact Member Customer Service at 888-807-7029.

## CommonSpirit Pharmacies and the Retail Pharmacy Network

You are encouraged to fill your prescriptions at a CommonSpirit Mountain Region Pharmacy. However, you also have the option of using a pharmacy included in the ClearScript national retail pharmacy network. The retail pharmacy network includes major chains and independent pharmacies. You can find participating pharmacies by visiting the Pharmacy Locator on the [ClearScript.org/mountainregion](http://ClearScript.org/mountainregion) website or by contacting our customer service center at 888-807-7029.

CommonSpirit Mountain Region Pharmacies and other pharmacies in the CommonSpirit Mountain Region Pharmacy network include:

| Denver Metro location   | Pueblo location   | Colorado Springs location  |
|---|---|--|
| <b>CommonSpirit Mountain Region Pharmacy at St. Anthony Health Campus</b><br>11600 W. 2 <sup>nd</sup> Place<br>Lakewood, CO 80228<br>Phone: 720-321-8290<br>Fax: 720-321-8291 | <b>CommonSpirit Mountain Region Pharmacy at St. Mary-Corwin Medical Center</b><br>1925 E. Orman Ave. #102<br>Pueblo, CO 81004<br>Phone: 719-557-5676<br>Fax: 719-557-4767 | <b>CommonSpirit Mountain Region Pharmacy at Penrose Hospital</b><br>2222 North Nevada<br>Colorado Springs, CO 80907<br>Phone: 719-776-5486<br>Fax: 719-776-2493  |
| Westminster location  | Durango location  | Kansas location  |
| <b>CommonSpirit Mountain Region Pharmacy at St. Anthony North Health Campus</b><br>14300 Orchard Parkway<br>Westminster, CO 80023<br>Phone: 720-627-0090<br>Fax: 720-627-0091 | <b>CommonSpirit Mountain Region Pharmacy at Mercy Regional Medical Center</b><br>1010 Three Springs Blvd<br>Durango, CO 81301<br>Phone: 970-764-1745<br>Fax: 970-764-1749 | <b>CommonSpirit Mountain Region Pharmacy at St. Catherine Hospital</b><br>311 E. Spruce St.<br>Garden City, KS 67846<br>Phone: 620-271-3125<br>Fax: 620-271-3140 |

## Mail Order and Specialty Pharmacies

**Mail Order**—CommonSpirit Mountain Region Pharmacy is your designated provider for delivery of medications you take on an ongoing basis. You can receive up to a 90-day supply by mail.

**Specialty Pharmacy**—If you take a specialty medication, your pharmacy benefit requires you to fill your prescription through CommonSpirit Mountain Region Pharmacy.

| Specialty/Mail Order   | Contact   |
|--|---|
| <b>CommonSpirit Mountain Region Pharmacy Specialty/Mail Order Pharmacy</b><br>2551 W. 84 <sup>th</sup> Ave.<br>Westminster, CO 80031 | 877-775-7863 (toll free)<br>303-426-2360 (local)<br>303-426-2365 (fax)<br>Monday – Friday<br>8:30am – 5:00pm (MDT)<br>9:30am – 6:00pm (CT)<br>Saturday and Sunday – closed<br><br>Fax: 303-426-2365 |

**Filling prescriptions for injectable diabetes products CommonSpirit Mountain Region Pharmacy is your designated provider for filling prescriptions for injectable diabetes products.**

To fill your prescription for an injectable diabetes product, visit a CommonSpirit Mountain Region Pharmacy location listed above or CommonSpirit Mountain Region mail order pharmacy at 877-775-7863 (toll free)/303-426-2360 (local) to arrange for home delivery. A CommonSpirit Mountain Region Pharmacy representative will help you transfer your current prescription or fill a new prescription.