

Fallbrook Union Elementary School District



Welcome VEBA Members!

Welcome to your 2023 Open Enrollment Guide. This guide was designed to give you quick access to all of the resources you may need to make your new plan selection for next year.

Not sure where to start? Here are some helpful links:

Page 1

Available plans are listed to the right.

Page 2

Read more about these plans and learn what is new for next year.

Page 3

Is making all of these decisions stressing you out? Take a moment for yourself at our Virtual VRC.

Page 4-5

Get a breakdown on the medical groups available, finding a doctor and carrier contacts.

Page 6-8

See a side-by-side comparision of all plans offered to you for 2023.

Your Available Plans:

- 1. UnitedHealthcare Harmony HMO
- 2. UnitedHealthcare Performance HMO
 - Network 1
 - Network 3
- 3. UnitedHealthcare CS VEBA Alliance HMO 20/30
- 4. UnitedHealthcare CS VEBA Alliance HMO 1200
- 5. UHC Harmony Journey HMO
- 6. SIMNSA HMO
- 7. Kaiser HMO
- 8. UMR NexusACO PPO

Questions?

- » Go to myveba.org
- » Call VEBA Advocacy at 888-276-0250 or email Advocacy@mcgregorinc.com
- » Contact your HR/Benefits department



2023 Open Enrollment Fallbrook Union Flementary

Fallbrook Union Elementary School District

2023 Highlights

Urgent Care Copay for UHC HMO Plans

Starting on January 1, 2023, all UnitedHealthcare (UHC) HMO plans will have Urgent Care copays that align with the plan's primary care physician (PCP) copay for visits both within and outside of your assigned medical group's service area.

To find a provider near you, visit UHC's site.

UHC Harmony Journey HMO Plan

The UHC Harmony Journey HMO plan offers a unique approach to health care and is designed to provide a smart and affordable solution to the traditional plans. In addition to covering everyday medical expenses, the Journey Plan helps you build wealth for long-term protection with the HealthInvest HRA.

You have your choice of providers through UnitedHealthcare's Harmony network including Sharp, UC San Diego and more. To find a provider near you, visit UHC's site.

HealthInvest HRA for Harmony Journey Plan

Available to you as part of the UHC Harmony Journey HMO plan, the HealthInvest HRA gives you a flexible savings option for future health care costs.

For 2023, the contribution amount is \$1,000 for single coverage. Other amounts are \$1,600 for two-party and \$2,200 for family. Funds will be distributed on or before March 1, 2023.

To learn more, go to healthinvesthra.com or call 844-342-5505.



Express Scripts Benefit

Waived Copay Program

VEBA does not want cost to become a barrier to getting treatment for hypertension, diabetes, or high cholesterol — some of our members' most common conditions. Starting January 1, 2023, preferred generic cholesterol medication will join hypertension (high blood pressure) and oral hypoglycemic (diabetic) medications in the waived copay program. Members can start these maintenance drugs at their regular retail pharmacy up to 3 fills prior to utilizing Smart90 retail and home delivery (mail order) with a \$0 copay.

Sharp Rees-Stealy Retail Pharmacies

Smart 90 retail will now include Sharp Rees-Stealy retail pharmacies. With the large UnitedHealthcare HMO membership enrolled with the Sharp Rees-Stealy participating medical group, this will provide members with additional easy access to 90-day supply maintenance drugs at the same low costs available at Costco and Rite Aid Smart 90 locations.

Express Scripts Prescription Drug List (PDL) - Formulary Change

All Express Scripts Rx Plans will be moving to one PDL, the National Preferred Formulary beginning January 1, 2023. Currently, VEBA utilizes both the National & Performance PDLs. Any impacted members will receive targeted member letters from Express Scripts around November 1st and also around December 1st to inform them of the change.

SaveOnSP Program

Express Scripts members also have access to the SaveOnSP program, which waives copays for certain specialty medications and ensures that, once enrolled, you have no financial responsibility.

To learn more, visit express-scripts.com or call 800-918-8011.



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VEBA Resource Center

The VEBA Resource Center is here to support you as you define your path to well-being. We understand everyone has unique needs and we are here to help you every step of your journey. As a VEBA member, you have free access to personalized resources designed to help you achieve your well-being goals.

Accessing the VRC has never been easier! With both in person and online services — we are ready to support you wherever you may be on your health journey!

In Person and Virtual Group Classes

The VRC offers more than 40 live group classes each week — both in person and online. Whether you are wanting to relax with yoga or mindfulness, reduce stress by learning about your finances, or step up your cardio through one of our movement class, we have you covered!

Check out our complete class schedule here.

Personalized Care

If you are looking for a place to start or if you have a specific health condition or concern, we offer personalized one-on-one visits with a Care Navigator. The Care Navigator will help you explore your challenges and develop a personalized plan for your mind, body, and spirit.

Click here to schedule your appointment.

Don't have time to take an online class? No problem! Check out our social media channels for videos and the latest well-being content.











Fallbrook Union Elementary School District

Choosing a Provider Group that Meets Your Needs



UnitedHealthcare's participating medical groups offer comprehensive and personalized care in your community with a large and robust network of physicians, health care professionals and facilities located throughout Southern California.

The following HMO plans are available to you:

- 1. UHC Harmony HMO
- 2. UHC Performance HMO Network 1
- 3. UHC Performance HMO Network 3
- 4. UHC CS VEBA Alliance HMO 20/30
- 5. UHC CS VEBA Alliance HMO 1200
- 6. UHC Harmony Journey HMO

Click here to find a doctor near you or learn more about your plans.



How to Choose Your UHC HMO Provider

To choose a provider for the UnitedHealthcare HMO plan, here are step-by-step instructions. In an HMO, you see your PCP first for most medical issues. You do not need a referral for mental health, chiropractic, or OB/GYN services.

To find provider or facility:

- 1. Go to whyuhc.com/csveba
- 2. Select "Search for a Provider" that appears near the top of the page
- 3. Scroll down and choose from the plan options
- 4. Select Continue
- 5. Select "Change Location" and enter your ZIP code, then select "Update Location"
- 6. Now you can search by People, Places, Service and Treatments, or Care by Condition



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Need Help Looking for a Provider?

How to Choose Your UMR PPO Provider

For the UMR NexusACO PPO plan, you will need to select a PCP. Follow the directions below to find a provider or facility:

- 1. Go to umr.com
- 2. Click on "Find a Provider"
- 3. In the search box, type "NexusACO" to bring up the UnitedHealthcare NexusACO Network. Or scroll down to the "U" menu and choose the UnitedHealthcare NexusACO Network
- 4. Click "View Providers" to be taken to the search menu
- 5. Search by Name, Specialty, Facility or Zip code
- Choose a Tier 1 PCP for the highest level of coverage

How to Find a Chiropractic or Acupuncture Provider

(for UHC and Kaiser members)

Provided by OptumHealth Physical Health of California providers, which has more than 2,700 network providers in California.

Three ways to find a provider:

- Go to myoptumhealthphysicalhealthofca.com and select "Provider Locator." Choose "California Schools VEBA" from the dropdown menu for Plan/Product.
- Call Optum Member Services at 800-428-6337 (5 a.m. to 5 p.m., Pacific Time, Monday Friday) for the most current and up to date information.
- 3. Call the provider directly to schedule an appointment and verify they are part of the Optum network for VEBA.



Benefit Contacts

| Benefit | Website | Phone |
|--|-------------------------------------|--------------|
| Carrum Health | info.carrumhealth.com/csveba/ | 888-855-7806 |
| Express Scripts (UHC members) | express-scripts.com | 800-918-8011 |
| HealthInvest HRA (HRA for Journey Plan) | healthinvesthra.com | 844-342-5505 |
| Inside Rx Pets | insiderxpets.com | 800-722-8979 |
| Journey Plan | journeyplan.org | 888-586-6365 |
| Kaiser | my.kp.org/veba | 800-464-4000 |
| Optum Employee Assistance Program | liveandworkwell.com | 888-625-4809 |
| 7 to 515 turice i rogram | access code: VEBA | |
| OptumHealth (Chiro/Acu for UHC and Kaiser) | myoptumhealthphysicalhealthofca.com | 800-428-6337 |
| OptumHealth Financial (HRA for Alliance plan) | optumbank.com | 800-243-5543 |
| SIMNSA | simnsa.com | 800-424-4652 |
| Teladoc Medical Experts | teladoc.com/medical-experts/ | 800-835-2362 |
| UMR | umr.com | 800-826-9781 |
| UnitedHealthcare (UHC) | whyuhc.com/csveba | 888-586-6365 |
| VEBA Advocacy | Advocacy@mcgregorinc.com | 888-276-0250 |

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| Benefit Summary | UHC Harmony HMO \$20/\$250A | UHC Performance HMO A, Network 1, \$10/100% | UHC Performance HMO Network 3, \$10/100% | UHC Alliance HMO \$20/\$30/\$500A |
|--|--|---|--|--|
| | What You Pay | What You Pay | What You Pay | What You Pay |
| Medical Deductible (individual/family) | None | None | None | None |
| Medical Out-of-Pocket Maximum (individual/family) | \$1,500 / \$3,000 | \$1,500 / \$3,000 | \$1,500 / \$3,000 | \$3,000 / \$6,000 |
| Health Account | None | None | None | None |
| PCP Office Visit | \$20 copay | \$10 copay | \$10 copay | \$20 copay |
| Specialist Office Visit | \$20 copay | \$10 copay | \$10 copay | \$30 copay |
| Preventive Care | No charge | No charge | No charge | No charge |
| Inpatient Hospital Care | \$250 admit copay | No charge | No charge | \$500 admit copay |
| Mental Health Services (outpatient/inpatient) | \$20 copay / \$250 admit copay | \$10 copay / No charge | \$10 copay / No charge | \$20 copay / \$500 admit copay |
| Substance Abuse Services (outpatient/inpatient) | No charge | No charge | No charge | No charge |
| Outpatient Diagnostic Laboratory and Radiology (standard procedures) | No charge | No charge | No charge | No charge |
| Complex Radiology (PET & MRI) | \$100 copay | No charge | No charge | \$200 copay |
| Outpatient Surgery | No charge | No charge | No charge | \$250 copay |
| Outpatient Physical/Rehabilitation Therapy (Office Visit) | \$20 copay | \$10 copay | \$10 copay | \$20 copay |
| Chiropractic and Acupuncture Services* | \$20 copay | \$10 copay | \$10 copay | \$20 copay |
| Urgent Care (Office Visit only) | \$20 copay | \$10 copay | \$10 copay | \$20 copay |
| Emergency Room (Copay waived if admitted) | \$150 copay | \$100 copay | \$100 copay | \$150 copay |
| Rx Deductible (individual/family) | None | None | None | None |
| Rx Out-of-Pocket Maximum (individual/family) | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$1,600 / \$3,200 | \$1,600 / \$3,200 |
| Rx Formulary List | National Preferred | National Preferred | National Preferred | National Preferred |
| Rx Pharmacy Network | Express Advantage Network** | Express Advantage Network** | Express Advantage Network** | Express Advantage Network** |
| Short-Term Prescription Drugs*** (up to 30-day supply) | \$10 Generic \$25 PB 50% \$40 min \$175 max NPB | \$5 Generic \$25 PB 50% \$40 min \$175 max NPB | \$10 Generic \$30 PB 50% \$40 min \$175 max NPB | \$10 Generic \$30 PB 50% \$40 min \$175 max NPB |
| Long-Term Prescription Drugs*** (up to 90-day supply) | \$20 Generic \$50 PB 50% \$80 min \$350 max NPB | \$10 Generic \$50 PB 50% \$80 min \$350 max NPB | \$20 Generic \$60 PB 50% \$80 min \$350 max NPB | \$20 Generic \$60 PB 50% \$80 min \$350 max NPB |
| Available Medical Groups | Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group | Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Sharp Community Medical Group, SCMG - Arch Health Partners, Sharp Rees-Stealy Medical Group | Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center | Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician MG, UC San Diego Medical Group |

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about yeer employee benefit plans. It does not necessarily address all the specific issues should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

^{*}Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is optional.

^{**}Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

^{**}Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

^{**}You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.

^{**}Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

^{***}G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty



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| Benefit Summary | UHC Alliance HMO \$1,200 HRA | UHC Harmony HMO Journey | SIMNSA HMO \$5; Rx: \$5 30-day | Kaiser HMO \$10, Rx: \$10 / \$10 100-day |
|--|---|--|---|---|
| | What You Pay | What You Pay | What You Pay | What You Pay |
| Medical Deductible individual/family) | \$2,000 / \$2,000 | \$2,000 / \$4,000 | None | None |
| Medical Out-of-Pocket Maximum individual/family) | \$3,000 / \$6,000 | \$3,500 / \$7,000 | \$6,350 / \$12,700 | \$1,500 / \$3,000 |
| Health Account | OptumBank HRA \$1,200 | HealthInvest HRA \$1,000 / \$1,600 / \$2,200 | None | None |
| PCP Office Visit | \$35 copay | \$25 copay | \$5 copay | \$10 copay |
| pecialist Office Visit | \$50 copay | \$40 copay | \$5 copay | \$10 copay |
| Preventive Care | No charge | No charge | No charge | No charge |
| npatient Hospital Care | 20% coinsurance (after deductible) | 20% coinsurance (after deductible) | No charge | No charge |
| Viental Health Services outpatient/inpatient) | \$40 copay / 20% coinsurance (after deductible) | \$25 copay / 20% coinsurance (after deductible) | \$5 copay / No charge | \$10 copay / No charge |
| Substance Abuse Services (outpatient/inpatient) | No charge | No charge | \$5 copay / No charge | \$10 copay / No charge |
| Outpatient Diagnostic Laboratory and Radiology (standard procedures) | No charge | No charge | No charge | No charge |
| Complex Radiology PET & MRI) | 20% coinsurance (after deductible) | \$100 copay | No charge | No charge |
| Outpatient Surgery | 20% coinsurance (after deductible) | 20% coinsurance (after deductible) | No charge | \$10 copay |
| Outpatient Physical/Rehabilitation Therapy (Office Visit) | \$35 copay | \$25 copay | \$10 copay | \$10 copay |
| Chiropractic and Acupuncture Services* | \$30 copay | \$30 copay | Not covered | \$10 copay |
| Urgent Care Office Visit only) | \$35 copay | \$25 copay | \$25 copay | \$10 copay |
| Emergency Room Copay waived if admitted) | \$300 copay (after deductible) | 20% coinsurance (after deductible) | \$250 copay (U.S. or out of plan area) | \$50 copay |
| Rx Deductible individual/family) | None | None | None | None |
| Rx Out-of-Pocket Maximum individual/family) | \$1,600 / \$3,200 | \$3,000 / \$6,000 | N/A | N/A |
| Rx Formulary List | National Preferred | National Preferred | SIMNSA | Kaiser |
| Rx Pharmacy Network | Express Advantage Network** | Express Advantage Network** | SIMNSA | Kaiser |
| Short-Term Prescription Drugs*** (up to 30-day supply) | \$10 Generic \$30 PB 50% \$40 min \$175 max NPB | \$10 Generic \$30 PB 50% \$40 min \$175 max NPB | \$5 copay | G / B: \$10 copay (up to a 100-day supply) |
| ong-Term Prescription Drugs*** up to 90-day supply) | \$20 Generic \$60 PB 50% \$80 min \$350 max NPB | \$20 Generic \$60 PB 50% \$80 min \$350 max NPB | Not available | G / B: \$10 copay (up to a 100-day supply) |
| Available Medical Groups | Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician MG, UC San Diego Medical Group | Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group | SIMNSA | Kaiser |

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

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^{*}Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is optional.

^{**}Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

^{**}Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

^{**}You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.

^{**}Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

^{***} \mathbf{G} = Generic, \mathbf{P} = Preferred, \mathbf{B} = Brand, \mathbf{PB} = Preferred Brand, \mathbf{NPB} = Non-preferred Brand, \mathbf{S} = Specialty



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| | UMR NexusACO PPO - No HRA | | |
|--|---|---|--|
| Benefit Summary | In Network | Out of Network | |
| | What You Pay | What You Pay | |
| Medical Deductible (individual/family) | \$2,000 / \$4,000 | \$2,000 / \$4,000 | |
| Medical Out-of-Pocket Maximum (individual/family) | \$5,000 / \$10,000 | \$5,000 / \$10,000 | |
| Health Account | None | | |
| PCP Office Visit | Tier 1 Physician: \$30 copay | 50% coinsurance | |
| PCF Office visit | Tier 2 Physician: 20% coinsurance (after deductible) | (after deductible) | |
| Specialist Office Visit | Tier 1 Physician: \$50 copay | 50% coinsurance | |
| <u> </u> | Tier 2 Physician: 20% coinsurance (after deductible) | (after deductible) | |
| Preventive Care | No charge | No coverage for non-network services | |
| | 20% coinsurance | 50% coinsurance | |
| Inpatient Hospital Care | (after deductible) | with Prior Authorization (after deductible) | |
| | \$30 copay / | 50% coinsurance | |
| Mental Health Services (outpatient/inpatient) | 20% coinsurance | (after deductible) | |
| | (after deductible) | | |
| Substance Abuse Services (outpatient/inpatient) | \$30 copay / 20% coinsurance | 50% coinsurance | |
| Substance Abuse Services (outpatient/inpatient) | (after deductible) | (after deductible) | |
| Outpatient Diagnostic Laboratory and Radiology | (area academic) | | |
| (standard procedures) | No charge | 500 | |
| Freestanding Facility or Physician Office OR | | 50% coinsurance | |
| Hospital-based Lab or Radiology | 20% coinsurance (deductible does not apply) | - (after deductible) | |
| Complex Radiology (PET & MRI) | 20% coinsurance | | |
| Freestanding Facility or Physician Office OR | (after deductible) | 50% coinsurance | |
| Hospital-based Complex Radiology | 20% coinsurance | (after deductible) | |
| | (after deductible) | | |
| Outpatient Surgery | 20% coinsurance | | |
| Ambulatory Surgery Center or Physician's Office | (after deductible) | 50% coinsurance with | |
| Outs at last Hamital based Consider Control | 20% coinsurance | Prior Authorization (after deductible) | |
| Outpatient Hospital-based Surgical Center | (after deductible) and \$100 copayment | (arter deductible) | |
| Outpatient Physical/Rehabilitation Therapy | | 50% coinsurance | |
| (Office Visit) | \$30 copay | (after deductible) | |
| Chiropractic and Acupuncture Services* | \$30 copay | 50% coinsurance | |
| | узо сорау | (after deductible) | |
| Urgent Care | \$50 copay | 50% coinsurance | |
| (Office Visit only) | , | (after deductible) | |
| Emergency Room (Copay waived if admitted) | \$100 copay | \$100 copay | |
| Rx Deductible (individual/family) | None | | |
| Rx Out-of-Pocket Maximum (individual/family) | \$1,600 / \$3,200 | | |
| Rx Formulary List | National Pre | | |
| Rx Pharmacy Network | Express Advantage | | |
| | \$10 Generic | Retail: with submission of a paper claim, member will | |
| Short-Term Prescription Drugs*** | \$30 PB | be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the | |
| (up to 30-day supply) | 50% \$40 min \$175 max NPB | member's copay. | |
| Long-Term Prescription Drugs*** (up to 90-day supply) | \$20 Generic \$60 PB 50% \$80 min \$350 max NPB | No coverage for non-network pharmacy | |
| Available Medical Groups | Check <u>umr.com</u> to find Tier 1 physicians near you | All others | |
| | <u> </u> | | |

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^{**}Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many $independent\ pharmacies)\ visit\ www. Express-scripts. com\ for\ a\ complete\ list\ of\ EAN\ pharmacies.$

^{**}Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

^{**}You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.

^{**}Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

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