

Optum Rx[®]



2024 Benefit Booklet

Local Government Health Insurance Plan

Pharmacy benefit summary

Optum Rx manages the pharmacy benefit for the Local Government Health Insurance Plan’s participants and covered dependents

Your pharmacy benefit at-a-glance:

Benefit	Cost Share	Notes
Tier 1: Generics	\$15	\$15 copay or the cost of the medication, whichever is less.
Tier 2: Preferred Brands	20%	You must pay 100% of the cost of the drug. You may submit a request to receive a reimbursement of 80%, once your \$200 annual deductible has been met. Submitting this claim will count toward your deductible.
Tier 3: Non- Preferred Brands	20%	
Tier 4: Exception Medications	20%	Covered at 80% of the allowance; You are responsible for 20% coinsurance at the point of sale.

*All insulin and insulin combination products have a maximum \$100 member cost share per 30-day supply filled.

What is my out of pocket maximum for 2024?

Your annual coinsurance maximum amount reset on January 1, 2024. Your out of pocket max is shared between medical and pharmacy costs. Your 2024 annual out of pocket maximum is \$9,450 for an individual; \$18,900 for a Family (Shared).

What pharmacy can I use?

The Optum Rx Pharmacy Network is comprised of major chains, grocery store pharmacies, and many independent pharmacies throughout the United States. You can use the Pharmacy Locator Tool at [optumrx.com](https://www.optumrx.com) to find the in-network pharmacy nearest you.

What medication does the prescription drug list include?

The prescription drug list includes commonly prescribed medications. You can use the drug list to see if a medication is covered by the Local Government Health Insurance Plan. You can also find out if a medication is available as a generic, needs prior authorization, has quantity limits and more.

Why could my coverage or cost change?

Your coverage or cost could change for a few reasons. Examples include:

- A change in your annual deductible
- Medications moving to a different tier or are no longer covered
- You may be required to get a prior authorization from your provider or try other medications first (step therapy)
- Medications may only be covered in certain quantities (quantity limits) or for a specified time period

What is a prior authorization?

Prior authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions
- Cost more than other medications used to treat the same or similar conditions

How can I find out if my medication requires a PA?

- Your pharmacist will tell you if a PA is required
- You can call Optum Rx at 844-785-1603
- You can also look online
 - ◇ Refer to the Prescription Drug List (Formulary) on the LGHIP website at www.lghip.org
 - ◇ Log into optumrx.com > Member Tools
 - * Click on drug pricing and information
 - * Enter the drug name and dose
 - * If the drug/dose you entered needs a prior authorization, you will see an alert below the drug name stating a PA is required

What do I do if my medication needs a PA?

To begin the PA process, do any of the following:

- Let your doctor know that a PA is needed for your medication. They will submit the required information to Optum Rx
- Log into optumrx.com, go to Benefits and Claims, and click on Prior Authorization or Exception Request
- Call Optum Rx at 844-785-1603 and we'd be glad to help start the process

How long does it take for a PA to be approved or denied?

Once your PA has been submitted and received, it usually takes up to 24 hours to process. If your PA request needs additional review, it may take longer.

Contact Optum Rx



optumrx.com



Optum Rx app



844-785-1603

How do I know if my medication has been approved and what happens next?

We will send a letter to you and your doctor letting you know if your medication coverage is approved or denied. You can also check the status of your PA by signing into optumrx.com, going to Benefits and Claims and clicking on Prior Authorization or Exception Requests. You will see the status of any active PAs in process.

If your medication is approved, coverage will be provided under your benefit. You can continue to fill your prescription at the pharmacy as usual during the approved PA period.

If your medication is denied, we'll send a letter telling you why and provide information about the appeal process.

What are specialty medications?

An injected, infused, oral or inhaled medication is defined as a specialty medication if it:

- May need ongoing clinical oversight and extra education
- Has unique storage or shipping needs
- May not be available at retail pharmacies
- May need infusion or home nursing administration

Who do I contact with questions about my specialty medication?

Call 855-427-4682. Pharmacists and patient care coordinators are available 24/7 to take care of everything, including:

- Transferring your prescription
- Helping you find affordable ways to get your medication
- Explaining how to use the specialty pharmacy



Additional information and how-to videos can be found online at optumrx.com under Information Center > Education.



Understand Your Optum Rx Formulary

Maximize your prescription benefit

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A Formulary is a list of the drugs covered by your plan

A formulary will indicate the following information about the medication you need.



Is the drug I need covered?



Are there less costly alternatives?



Brand / Generic indication of medication.
Brand will be in all CAPS.
Generics will be lower case.



Does the drug I need have any quantity, age, or other restrictions?



What tier is the drug on?



Does filling this drug require a prior authorization to be approved?

How to read the Formulary

Drug Name	Drug Tier	Notes
TAGRISSO ORAL TABLET 40 MG	SP	PA; QL
TAGRISSO ORAL TABLET 80 MG	SP	PA
tamoxifen citrate oral tablet 10 mg	Tier 1	
tamoxifen citrate oral tablet 20 mg	Tier 1	HCR
TARGETIN EXTERNAL	SP	PA
temozolomide	Tier 1	PA
TRAZIMERA	SP	PA
UKONIQ	SP	PA
VITRAKVI	SP	PA

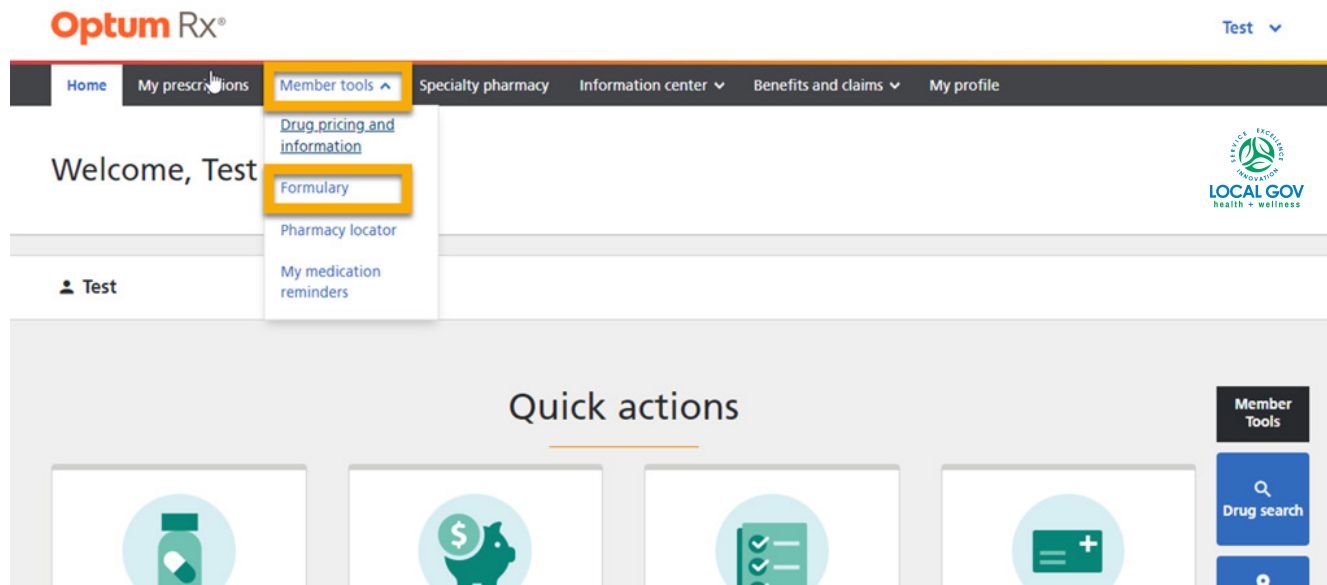
Drug Name	Drug Tier	Notes
clopidogrel bisulfate oral	Tier 1	
prasugrel hcl	Tier 1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	Tier 3	
aripiprazole oral tablet	Tier 1	QL
ARISTADA	Tier 3	
ARISTADA INITIO	Tier 3	
INVEGA SUSTENNA	Tier 3	
INVEGA TRINZA	Tier 3	
LATUDA	Tier 3	QL

Not finding the medication you need listed on the Formulary?

If the medication you need is not listed on the formulary, call Optum Rx. We can help you find a covered alternative.

Where you can locate a Formulary

Option 1: optumrx.com



- 1 Access www.optumrx.com
- 2 Find the “Member Tools” in the menu bar
- 3 Select “Formulary”

Option 2: LGHIP.org



Access www.lghip.org and select the Member menu. Then, click on the “Prescription Drug Benefits” option

Select the formulary from the list

OptumRx is the pharmacy benefit manager for members of the Local Government Health Insurance Plan. If you have questions about your OptumRx prescription drug coverage, please call 1-844-785-1603.

2023 Prescription Drug List

- Check out the [2023 Formulary](#) – the list of drugs covered by your plan. (highlighted with a yellow arrow)
- [Click here](#) to review the ACA Preventative Care Medications.
- [Click here](#) to review the Specialty Pharmacy Medications.
- Check out the [2023 OptumRx Planbook](#) for more information.
- Ready to file for prescription drug reimbursement? View this [guide](#) for instructions!

2023 Pharmacy Benefits

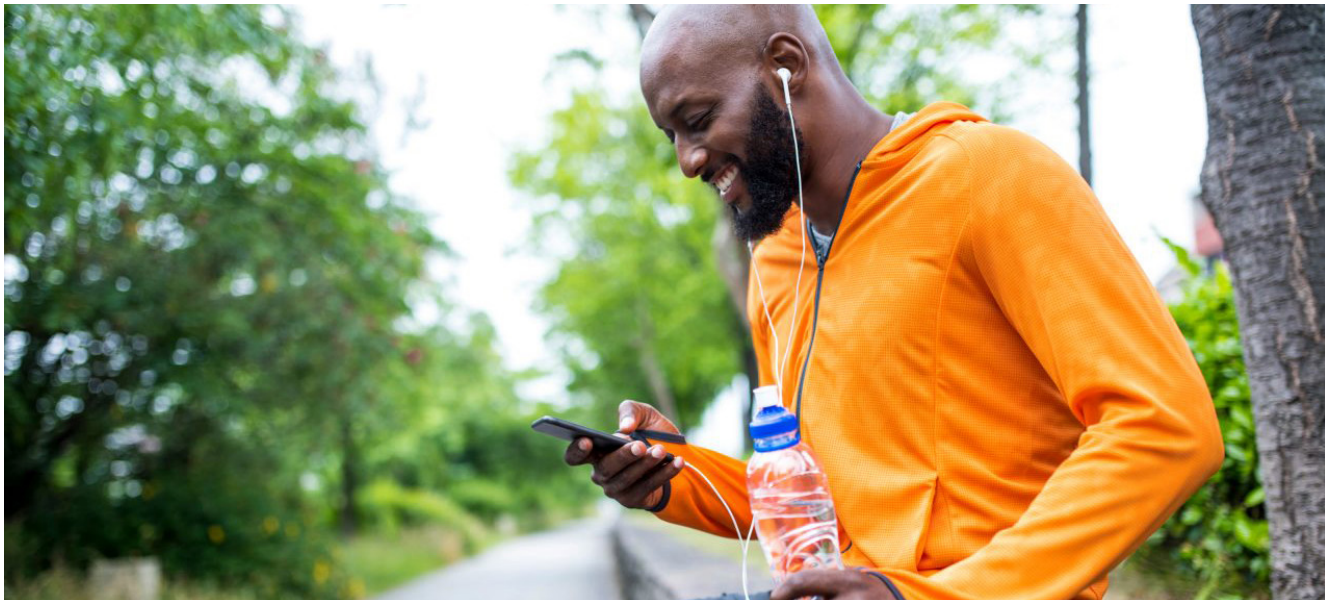
Using tier 1 or preferred medications can help you pay your lowest out-of-pocket cost. Our health insurance plan has multiple tiers.



Where you can locate a Formulary continued

Option 3: Call Optum Rx: 844-785-1603

Optum Rx Member Service Agents are here to help! Feel free to contact us to discuss coverage options, research alternative medications, and we can send a written copy of the formulary by mail.



Understanding the tier structure of your Formulary

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan has multiple tiers.

Drug tier	Includes	Helpful tips
Tier 1	\$ Generics	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Preferred drugs	You are responsible for paying the pharmacy for your prescription at the point of sale. Tier 2 and tier 3 drugs are covered at 80% of the allowance after being submitted for reimbursement, subject to the calendar year deductible of \$200.
Tier 3	\$\$\$ Non-preferred drugs	
Tier 4	Exception medications*	Covered at 80% of the allowance; You are responsible for 20% coinsurance at the point of sale.



*All insulin and insulin combination products have a maximum \$100 member cost share per 30 day supply filled.

Generic medications

Pay for the medication, not the name

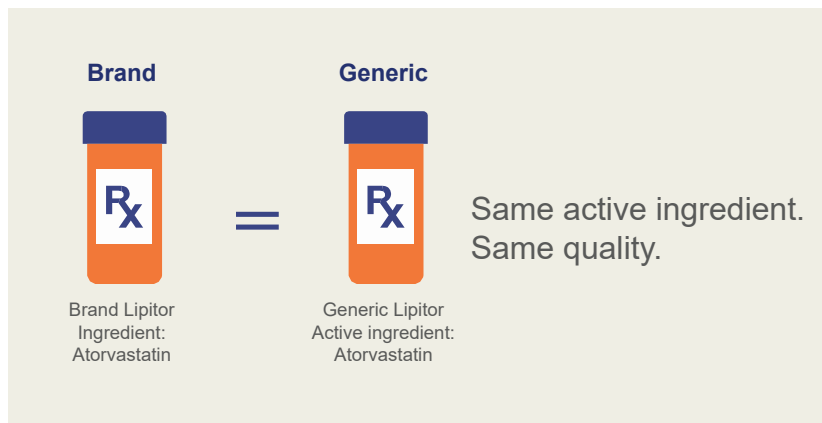
Generic drugs are safe and effective, plus they cost less than their brand-name counterparts. When you need a prescription, ask your doctor or pharmacist if a generic is available for you.

Seven things to know

Covered generic medications are \$15 or less!

1. What is a generic medication?

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor[®] and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.



Brand-drug makers manufacture about **half** of all **generic drugs**.

2. Will a generic medication work the same as the brand?

Yes. Generics are copies of brand-name medications that have been tested and approved by the FDA. Drug manufacturers must prove their generic medications are the same as the brand-name medication, including:

- What it treats
- The way it is taken
- How well it works

3. Are generic medications safe?

Yes. The FDA has strict guidelines around generics. They must be the same chemically and have the same medical effect. The FDA periodically inspects manufacturing plants and monitors drug quality, even after generics have been approved.



4. Could a generic medication look different than the brand?

Yes. Generic medications may have a different shape or color than the brand. They may contain other ingredients, such as dyes and fillers, which give a medication its color and size. The shape or color does not affect how the medication works.

5. Can I save money by using a generic?

Most of the time, a generic medication costs less than the brand because makers of generic drugs don't have the high up-front costs of new drug development. You may also save through a lower copay. However, there may be times when the cost for a generic is higher than the brand name. The easiest way to compare brand and generic medication prices is to use the Drug Pricing tool at [optumrx.com](https://www.optumrx.com).

6. Does every brand-name drug have a generic counterpart?

No. Only about half of the brand-name medications on the market have a generic alternative. Some drugs are protected by patents and are supplied by a single company.

7. How much can you and your plan save?


The savings based on the cost of the drug can be substantial. Your out-of-pocket cost will generally be less when you choose a generic medication. Covered generics will be \$15 or less.

Learn more about generics

Talk with your doctor, pharmacist or other health care provider to learn more about generics.

The FDA also includes helpful information at:

 [fda.gov](https://www.fda.gov)

 888-463-6332

 druginfo@fda.hhs.gov



How to Utilize Your Prescription Benefit – Traditional Medications

Fill traditional prescriptions at an in-network retail pharmacy

How can I find a network pharmacy?

You can find a list of network pharmacies on [optumrx.com](https://www.optumrx.com) or by using the mobile app. You can also call Member Services at **844-785-1603** and we can find an in-network pharmacy near you.

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How to Utilize Your Prescription Benefit – Specialty Medications

Fill specialty medications at Optum Rx Specialty Pharmacy

What is a specialty medication?

A specialty medication may be injected, infused, taken by mouth or inhaled. It's different from other medication because it:

- May need ongoing clinical oversight and extra education
- May have unique storage or shipping needs
- May not be filled at retail pharmacies
- May need infusion or home nursing administration

What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

Easy prescriptions

- Get medications delivered on time, accurately, and affordably
- Order refills by phone or online*
- Receive support through virtual visits, calls, live chat, or text

Expert guidance

- Connect with a clinician to help manage your medications
- Find out about financial help for your medication
- Learn more about your condition and treatment through videos

We're here for you 24/7
1-855-427-4682 (TTY 711)
specialty.optumrx.com

Sign in or register today





Specialty Medications continued: guiding your health journey

Managing and living with a complex health condition is challenging. We're here for you when you need us.

Getting started

Call **1-855-427-4682** to switch.

Pharmacists and patient care coordinators are ready 24/7 to help you:

- Transfer your prescription
- Find affordable ways to get your medication
- Explain how to use the Specialty Pharmacy

Personalized support

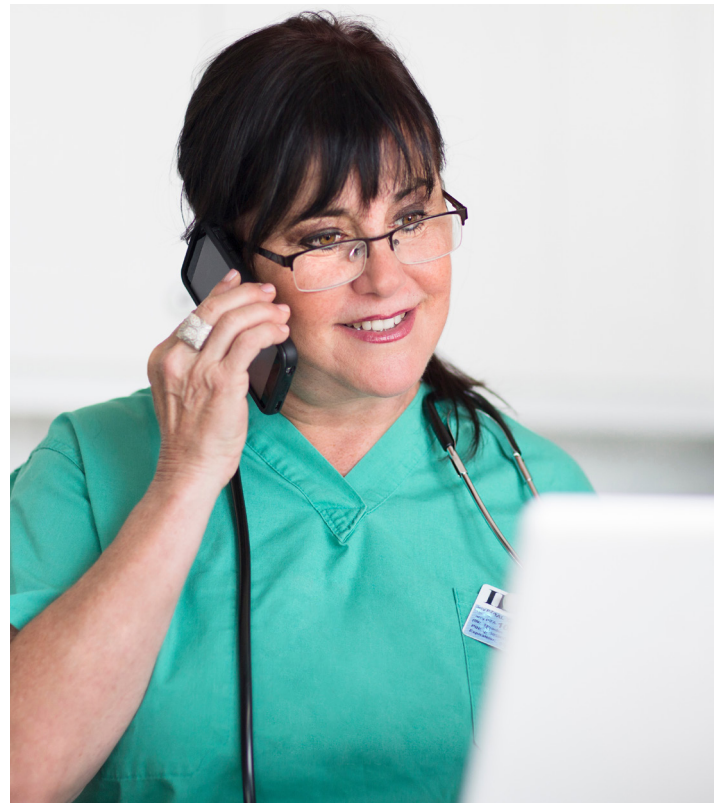
We're always ready by phone to answer questions about your medication, side effects and more. You can also use the tools below:

Virtual visits – Set up a video chat with an expert in your condition. Ask questions from the privacy of your home. You can even record your session to review later or to share with your caregivers.

Video series – Watch videos from other patients with specialty conditions. Hear about their treatment and how they are doing.

Working with your pharmacist or nurse

- Tell us how your therapy is going, if you're having trouble keeping up, having side effects or forgetting to take your medication
- We can help you find wellness programs to help you stay on track
- If you're part of a clinical management program, follow your care plan and tell us about any new medications you're taking



Staying on track

A few days before your next fill, we'll send you a refill reminder by email, phone or text. Call us at 1-855-427-4682 or log onto [optumrx.com](https://www.optumrx.com) to sign up for text messages.

Optum® Specialty Pharmacy can only fill specialty medications. Use retail pharmacies for your non- specialty prescriptions.

*Some medications for more complex conditions do not qualify for online ordering. Call **1-855-427-4682** and speak with a patient care coordinator to order those refills.

Optum Specialty Pharmacy is affiliated with Optum Rx, a pharmacy benefits manager. You may not be required to use Optum Specialty Pharmacy for your specialty medication. There may other pharmacies available in your network. Call the customer service number on your member ID card or visit your plan website and use the pharmacy locator to view listings. Your receipt of this communication is acknowledgment of the information provided. You may contact the customer service number on your member ID card for any questions or concerns.



How to Submit Eligible Claims for Reimbursement

Quickly receive reimbursement for eligible medications

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Filling brand name medications

Brand name drugs (Tier 2 and Tier 3) require members to pay 100% of the full pharmacy price at the time of filling. Eligible medications are covered at 80% of the allowance, subject to the calendar year deductible of \$200 when you use a participating pharmacy.

- You are responsible for paying the full price of the drug at the pharmacy for your prescription.
- File your prescription claim with Optum Rx using the Reimbursement form or eForm located on [optumrx.com](https://www.optumrx.com) or [LGHIP.org](https://www.lghip.org)
- Claims must be submitted within 12 months from the fill date to be eligible for reimbursement
- Members will be reimbursed 80% of the cost for covered Tier 2 and Tier 3 drugs, after the annual deductible has been met
- Options for payment by check or direct deposit directly into your bank account
- If your request for direct deposit fails for any reason, we will send you a check to the address on file with Optum Rx

How to submit for reimbursement for eligible claims

Members who fill brand-name covered drugs (Tier 2, Tier 3, and Specialty) must pay 100% of the drug cost at an in-network pharmacy. You can file an online claim to get paid back 80% of the drug cost on **optumrx.com**. Your \$200 deductible will be applied when you file an online claim. After you have met your \$200 deductible, an approved online claim will be processed for reimbursement.

Steps to submit a claim

What you will need on your pharmacy receipt to submit an online claim.

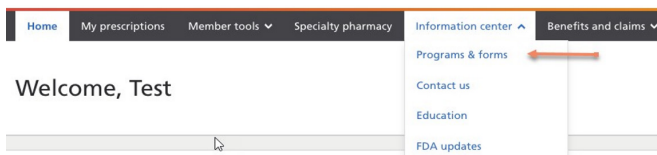
- Prescription (Rx) number
- Name of drug and strength
- Name and address of pharmacy
- Date the prescription was filled
- Amount paid - do not include coupon amounts
- Banking details (direct deposit only)
- Prescription label and cash or credit card receipt

Step 1

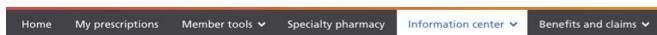
- Sign in to your member account with **optumrx.com**

Step 2

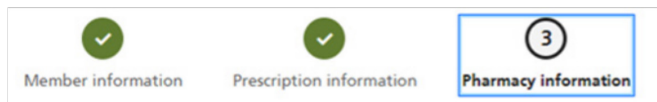
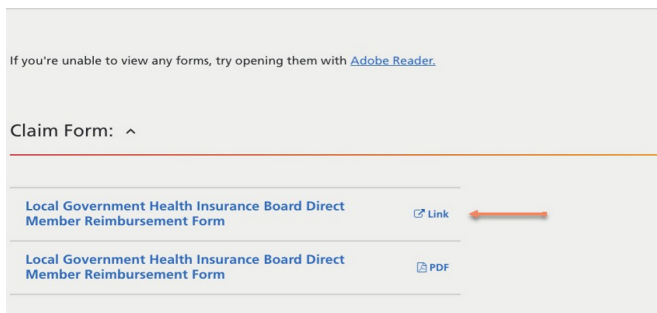
- Click *Programs and Forms* drop-down



- Select LGHIB Direct Member Reimbursement Link.



Programs & Forms



We're here to help

If you have any questions, you may contact either the Optum Rx team at **1-844-785-1603** or the Local Government Health Insurance Board staff at **1-866-836-9137**

Step 3

- Start with member information by filling out the required fields
- Fill out prescription information by entering prescription details
- Add cash or credit card receipt and detailed pharmacy receipt. The pharmacy receipt must include:
 - * Prescription (Rx) number
 - * Date the prescription was filled
 - * Name of drug and strength
 - * Amount paid
 - * Name and address of pharmacy
- Add bank information (Direct Deposit requests only)
- After all required fields are filled out, click *Agree and Send Securely*

Agree And Send Securely

- Once completed, your online claim will be submitted for processing. Your \$200 deductible will be applied unless you have already met this deductible
- If a reimbursement is due, a check will be mailed to the subscriber's address on file or direct deposit if elected
- Check requests will normally be received within 14 days of the request
- Direct Deposit requests will be deposited in as little as 5 business days

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Optum Rx Digital Tools

Easily navigate your prescription benefit

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Pharmacy at your fingertips

Fast, easy and secure. The Optum Rx website and app gives you the information you need to make the most of your pharmacy benefit.

Convenient tools at home or on-the-go



Find drug prices and lower-cost alternatives



View real-time benefits and claims history



Locate a network pharmacy



Access your ID card



Set up text message medication reminders online



Request a prior authorization for medication



Manage medication for covered dependents and spouses

To set up your account

1. Visit optumrx.com or access the mobile app
2. Select *Register* on the home page or the app's home screen
3. Enter the information from your Member ID Card
4. Create a username and password
5. Complete your profile*

If you already have an account, sign in using your username and password

*Once created, your sign-in information can be used to access your account on both the mobile app and website

optumrx.com

Access your pharmacy benefits online or from your smartphone or tablet.



Optum Rx is here to help!

Our Member Service team is here to assist you make the most of your pharmacy benefits.

If you need help with any aspect of your pharmacy benefit, please call us at: 844-785-1603.

We look forward to hearing from you!

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