



PHARMACY BENEFIT PLAN DESIGN

Account Data

Account Name & Number: Alphapointe - 01306	
Benefit Group Number: TRUE1306	ERISA: Yes
BPD Effective Date: 03/01/2025	Client Effective Date: 03/01/2025
Grandfathered Status: Non-Grandfathered	POS Rebates: No
Physical Address: 7501 Prospect Kansas City, MO 64132	Mailing Address: 7501 Prospect Kansas City, MO 64132

TPA Information

TPA Name: Luminare Health Benefits, INC.

Brokerage Firm Information

Brokerage Firm Name: The Robert E. Miller Insurance Agency

Rx Plan Design - Formulary

Type of Formulary: Open

Rx Plan Design - Pharmacy Network

Type of Network: Standard <i>65,000 Pharmacies Nationwide; retail chain and independent pharmacies.</i>
Unique parameters regarding pharmacy network (i.e. tiered copays, pharmacy exclusion)? No

Maximum Dollar Per Rx (Mandatory Prior Authorization for High Cost Medication)

Max Threshold Amount: 1-30 Days: \$350.00 31-60 Days: \$700.00 61-90 Days: \$1,050.00
Notes: Medications over \$350 for a 1–30-day supply will reject at the pharmacy after TWO initial fills. (Grace Fill Max Threshold is \$1500. The third fill will reject). The pharmacy will receive a message to contact SHARx (314) 451-3555, Option 1. Medications over \$700 for a 31-60-day supply and Medications over \$1,050 for a 61–90-day supply will reject at the pharmacy. No Grace Fills allowed. The pharmacy will receive a message to contact SHARx (314) 451-3555, Option 1. If a medication requires a Prior Authorization, that rejection will take place first and True Rx must approve the PA before the grace fills go into effect. Opioid HIC list (TRX_SHARx Opioids) applies with threshold of \$2000.00. Budesonide Solution list (TRX_SHARx Cost Exceptions) applies with threshold of \$2000.00.

Annual Maximums

Rx Group Name: 1306_PLANA	Rx Group Number: 1306PLANA
Does the plan combine Medical and Pharmacy dollars? Yes	
Drug List Notes: TRX_HDHP Preventive Comprehensive List applies, processes at \$0 to the members	
Deductible: 	

Individual:

Family:

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	Rx Retail, Mail Order plus Medical
Individual:	5,000
Family:	10,000

Plan or Calendar Year: Plan Year 3/1 - 3/1

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Rx Group Name: 1306_PLANB **Rx Group Number:** 1306PLANB

Does the plan combine Medical and Pharmacy dollars? Yes

Drug List Notes: TRX_HDHP Preventive Comprehensive List applies, processes at \$0 to the members

Deductible:	
Individual:	
Family:	

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	Rx Retail, Mail Order plus Medical
Individual:	6,500
Family:	13,000

Plan or Calendar Year: Plan Year 3/1 - 3/1

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Lifetime Benefit Maxium? No **If yes, Lifetime Benefit Max:** **Plan or Calendar Year?**

Rx Program Type

Rx Program Type: Both Retail and Mail **Mail Order Pharmacy:** WB Rx Express

Co-Pay Structure

Rx Group Name: 1306_PLANA

Rx Group Number: 1306PLANA

	30 Day Supply	90 Day Supply	
Non-Standard:			
	1-30 Day Supply	31-90 Day Supply	
Over The Counter(OTC):	Not Covered	Not Covered	
Generic:	\$10.00 Copay	\$30.00 Copay	
Preferred Brand:	\$45.00 Copay	\$135.00 Copay	
Non-Preferred Brand:	\$75.00 Copay	\$225.00 Copay	
Specialty:	Not Covered	Not Covered	
	31-60 Day Supply	61-90 Day Supply	90 Day Supply (Mail Order)
Generic:	N/A	N/A	\$30.00 Copay
Preferred Brand:	N/A	N/A	\$135.00 Copay
Non-Preferred Brand:	N/A	N/A	\$225.00 Copay

Comments: TRX_HDHP Preventive Comprehensive List applies, processes at \$0 to the members

SHARx Comments: Medications over \$350 for a 1–30-day supply will reject at the pharmacy after TWO initial fills. (Grace Fill Max Threshold is \$1500. The third fill will reject). The pharmacy will receive a message to contact SHARx (314) 451-3555, Option 1.
 Medications over \$700 for a 31-60-day supply and Medications over \$1,050 for a 61–90-day supply will reject at the pharmacy. No Grace Fills allowed. The pharmacy will receive a message to contact SHARx (314) 451-3555, Option 1.
 If a medication requires a Prior Authorization, that rejection will take place first and True Rx must approve the PA before the grace fills go into effect.

Rx Group Name: 1306_PLANB

Rx Group Number: 1306PLANB

	30 Day Supply	90 Day Supply	
Non-Standard:			
	1-30 Day Supply	31-90 Day Supply	
Over The Counter(OTC):	Not Covered	Not Covered	
Generic:	\$10.00 Copay	\$30.00 Copay	
Preferred Brand:	\$60.00 Copay	\$180.00 Copay	
Non-Preferred Brand:	\$100.00 Copay	\$300.00 Copay	
Specialty:	Not Covered	Not Covered	
	31-60 Day Supply	61-90 Day Supply	90 Day Supply (Mail Order)
Generic:	N/A	N/A	\$30.00 Copay
Preferred Brand:	N/A	N/A	\$180.00 Copay
Non-Preferred Brand:	N/A	N/A	\$300.00 Copay

Comments: TRX_HDHP Preventive Comprehensive List applies, processes at \$0 to the members

SHARx Comments: Medications over \$350 for a 1–30-day supply will reject at the pharmacy after TWO initial fills. (Grace Fill Max Threshold is \$1500. The third fill will reject). The pharmacy will receive a message to contact SHARx (314) 451-3555, Option 1.
 Medications over \$700 for a 31-60-day supply and Medications over \$1,050 for a 61–90-day supply will reject at the pharmacy. No Grace Fills allowed. The pharmacy will receive a message to contact SHARx (314) 451-3555, Option 1.
 If a medication requires a Prior Authorization, that rejection will take place first and True Rx must approve the PA before the grace fills go into effect.

Prior Authorizations

Allow PA for refill too soon (i.e. lost, stolen, damaged, vacation refills)? Yes

If Yes, Approved by: True Rx Health Strategists

Allow PA for dosage increases? Yes

If Yes, Approved by: True Rx Health Strategists

Notes: 1x per medication per rolling 12 months

True Rx Clinical

Clinical Solutions

TrueAssist Specialty:	No	TrueAssist Brands:	No
Opioid Limitation Program:	Yes	TrueMeds:	No
TrueShield:	Yes	Advocacy:	Yes
TrueGenomics:	No	Mark Cuban Cost Plus:	Yes
True Outcomes - Diabetes Mgmt:	No	TrueCodes:	No

Advocacy Vendor Information

Advocacy Name:	SHARx Classic
Advocacy Contact Name:	SHARx
Advocacy Contact Phone:	314-451-3555
Advocacy Contact Email:	

Advocacy Design

Specialty Medications:	Exclude	Orphan Medications:	Exclude
Specialty Transition Fills Allowed?	No	Orphan Transition Fills Allowed?	No
Number of Specialty Fills:	0.0000		0.0000

Rx Coordination of Benefits: No **Generic Enforcement (DAW 2):** Yes

Apply a patient differential/penalty for DAW 1 (Substitution not allowed by prescriber): No - Do Not Penalize Patient

Apply penalty to patient's deductible: No - Do Not Apply Penalty

Apply penalty to patient's Out of Pocket: No - Do Not Apply Penalty

Coverage (Inclusion/Exclusion List)

<p>Abortifacient Include</p>	<p>Quantity Limits:</p>
<p>Acne Medications Include with Prior Authorization No PA required for Generics</p>	<p>Quantity Limits:</p>
<p>ADD/ADHD Medications Include with Prior Authorization</p>	<p>Quantity Limits:</p>
<p>Allergy Sera Exclude</p>	<p>Quantity Limits:</p>
<p>Anabolic Steroids and Testosterone Include with Prior Authorization</p>	<p>Quantity Limits:</p>
<p>Anti-Obesity/Appetite Suppressants Exclude</p>	<p>Quantity Limits:</p>
<p>Bowel Prep ACA Mandate</p>	<p>Quantity Limits:</p>
<p>Breast Cancer ACA Mandate</p>	<p>Quantity Limits:</p>
<p>Compound Medications Include</p> <p>Notes: Compounds exceeding \$200 will require a price audit, conducted by True Rx.</p>	<p>Quantity Limits:</p>
<p>Cosmetics (non-acne) Exclude</p>	<p>Quantity Limits:</p>
<p>Devices: Inhaler Spacers Include</p>	<p>Quantity Limits:</p>
<p>Diabetic Devices Include Blood Glucose Meters Excluded</p>	<p>Quantity Limits:</p>
<p>Diabetic GLP1 and GIP/GLP1 UM Prior Auth per formulary</p>	<p>Quantity Limits:</p>
<p>Diabetic Insulin Include</p>	<p>Quantity Limits:</p>

<p>Diabetic Supplies</p> <p>Include</p>	<p>Quantity Limits:</p>
<p>Durable Medical Equipment</p> <p>Exclude</p>	<p>Quantity Limits:</p>
<p>Emergency Injectables</p> <p>Include</p>	<p>Quantity Limits:</p>
<p>Federal Legend Drugs</p> <p>Include</p>	<p>Quantity Limits:</p>
<p>Female Contraceptives</p> <p>ACA Mandate</p>	<p>Quantity Limits:</p>
<p>Fertility Agents</p> <p>Exclude</p>	<p>Quantity Limits:</p>
<p>Fluoride Supplements-Pediatric</p> <p>ACA Mandate</p>	<p>Quantity Limits:</p>
<p>Folic Acid</p> <p>ACA Mandate</p>	<p>Quantity Limits:</p>
<p>Gender Dysphoria</p> <p>Include</p>	<p>Quantity Limits:</p>
<p>Gene and Cellular Therapy</p> <p>Exclude</p>	<p>Quantity Limits:</p>
<p>Migraine Medications</p> <p>Include with Quantity Limits</p>	<p>Quantity Limits: Nasal: 6 per 30 D/S 18 per 90 D/S Injectable: 2 per 30 D/S 6 per 90 D/S</p>
<p>Nail Anti-Fungal, Topical</p> <p>Include with Prior Authorization</p>	<p>Quantity Limits:</p>
<p>Nutrition Supplements and Medical Food</p> <p>Exclude</p>	<p>Quantity Limits:</p>
<p>Orphan Designation</p> <p>Exclude</p> <p>Notes: Follow Specialty Designation</p>	<p>Quantity Limits:</p>

Pre-Exposure Prophylaxis of HIV ACA Mandate	Quantity Limits:
Repackaged Products Exclude	Quantity Limits:
Sexual Health Include with Quantity Limits	Quantity Limits: 6 per 30 D/S or 18 per 90 D/S
Smoking Cessation ACA Mandate	Quantity Limits:
Specialty: True Rx Specialty List Exclude Notes: Certain low-cost generic specialty medications will be exempt to specialty prior authorization, specialty exclusions, 30-day fill limits, and will process at the non-specialty copay rate set by the plan.	Quantity Limits:
Statin Medications ACA Mandate	Quantity Limits:
Substance Abuse Treatment Include	Quantity Limits:
Vaccine ACA Mandate	Quantity Limits:
Vitamins (Rx Only, Single Entity) Exclude	Quantity Limits:

Signatures

The signature below will constitute client's authorization that this completed implementation form accurately reflects the requirements to implement this prescription benefit program.

Client Name: Alphapointe

Printed By: Amy Campbell

Date: 2/26/2025

Title: Vice President, Human Resources

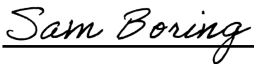
Signed by:
Signature:  90BC0AB1261C4E2...

True Rx Management Services d/b/a True Rx Health Strategists

Printed Name: Samuel Boring

Date: 02/25/2025

Title: Implementation Specialist

Signature: 

Any Changes to the electronic format of this document need to be communicated in the body of an email to your Account Manager or Implementation Specialist so we can appropriately manage and ensure your plan is set up accurately. Changes to this document will not be implemented until documented in an email as well as on the form.

Report Definitions

Embedded Plans: *Each covered family member only needs to satisfy his or her individual accumulator, not the entire family accumulator. For example, if the family deductible is \$6,000 and one member meets their individual \$3,000 deductible, that member will no longer have to meet a deductible as their individual amount has been met, even if the family deductible of \$6,000 has not been met. In addition, when the entire family's total reaches \$6,000, the deductible stop for everyone.*

Non-Embedded (Aggregate) Plans: *The entire family deductible must be met, even if one family member meets the plan's designated individual deductible. For example, the entire family amount of \$6,000 must be met before any family member's deductible is considered to be met. This is true even if one family member meets the individual amount of \$3,000. The individual member must continue to pay deductible until the total family amount is met.*

Coverage (Inclusion/Exclusion List): *Unless otherwise noted, the medications in these sections are the standard True Rx drug lists and are available upon request. Any changes to a client's custom list must be provided to True Rx by the client and will not be updated automatically by True Rx.*