

ITA Group, Inc.

PRESCRIPTION HEALTH PLAN

Member Brochure

Effective Date • January 1, 2026

Offered Plans

PPO PLAN A

PPO PLAN B

HDHP

MedOne Pharmacy Benefit Solutions

1590 University Avenue

Dubuque, IA 52001

866-335-9057

www.medone-rx.com

PPO PLAN A

RX DEDUCTIBLE

Deductible does not apply for Generics

Individual	\$100
Family	\$200

RX OUT-OF-POCKET MAXIMUM

Individual	\$3,000
Family	\$6,000

Embedded: This means when an individual in the family plan meets the individual deductible/out-of-pocket maximum, that *individual* will have the remainder of their prescription drug expenses covered at a \$0 copay for the remainder of the benefit year.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost between the generic and brand-name drug.*

Retail Pharmacy

1-30 DAY SUPPLY	
Filling for acute and maintenance medications	
Generic	\$10
Preferred Brand	\$25
Non-Preferred Brand	\$40

MedOne Mail Order Pharmacy

1-30 DAY SUPPLY		31-90 DAY SUPPLY
Filling for acute and maintenance medications		Filling for maintenance medications only
Generic	\$10	\$20
Preferred Brand	\$25	\$50
Non-Preferred Brand	\$40	\$80

Specialty Prescriptions

Specialty medications treat complex conditions that often require specific handling and storage requirements. Specialty prescriptions are managed through the RxAllly program offered by your benefit plan. Patient Care Coordinators will help you pursue drug manufacturer assistance programs and/or patient assistance programs. With many of these programs, your prescription copay may be reduced or eliminated altogether. For information about RxAllly or for a list of eligible drugs, please call **877-794-2218**.

PPO PLAN B

RX DEDUCTIBLE

Deductible does not apply for Generics

Individual	\$100
Family	\$200

RX OUT-OF-POCKET MAXIMUM

Individual	\$2,500
Family	\$5,000

Embedded: This means when an individual in the family plan meets the individual deductible/out-of-pocket maximum, that *individual* will have the remainder of their prescription drug expenses covered at a \$0 copay for the remainder of the benefit year.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, *you will be required to pay the difference in cost between the generic and brand-name drug.*

Retail Pharmacy

1-30 DAY SUPPLY	
Filling for acute and maintenance medications	
Generic	\$10
Preferred Brand	\$30
Non-Preferred Brand	\$50

MedOne Mail Order Pharmacy

1-30 DAY SUPPLY		31-90 DAY SUPPLY
Filling for acute and maintenance medications		Filling for maintenance medications only
Generic	\$10	\$20
Preferred Brand	\$30	\$60
Non-Preferred Brand	\$50	\$100

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HDHP

MEDICAL/RX DEDUCTIBLE

Individual	\$4,000
Family	\$7,000

MEDICAL/RX OUT-OF-POCKET MAXIMUM

Individual	\$4,000
Family	\$7,000

Non-Embedded: Family must meet the entire deductible before co-pays apply.

PAYMENT STRUCTURE

Dispense As Written Penalty

If you choose to buy the brand-name drug when a generic equivalent is available and it is not medically necessary, you will be required to pay the difference in cost between the generic and brand-name drug.

Retail Pharmacy

	1-30 DAY SUPPLY
	Filling for acute and maintenance medications
Generic	100% until OOPM is met
Preferred Brand	100% until OOPM is met
Non-Preferred Brand	100% until OOPM is met

MedOne Mail Order Pharmacy

	1-30 DAY SUPPLY	31-90 DAY SUPPLY
	Filling for acute and maintenance medications	Filling for maintenance medications only
Generic	100% until OOPM is met	100% until OOPM is met
Preferred Brand	100% until OOPM is met	100% until OOPM is met
Non-Preferred Brand	100% until OOPM is met	100% until OOPM is met

Specialty Prescriptions

Specialty medications treat complex conditions that often require specific handling and storage requirements. Specialty prescriptions are managed through the RxAllly program offered by your benefit plan. Patient Care Coordinators will help you pursue drug manufacturer assistance programs and/or patient assistance programs. With many of these programs, your prescription copay may be reduced or eliminated altogether. For information about RxAllly or for a list of eligible drugs, please call **877-794-2218**.

ADDITIONAL PLAN INFORMATION

PremierOne Pharmacy Network

The plan includes all network pharmacies locally and nationwide. Register for the MedOne Member Portal at www.medone-rx.com to search for an in-network pharmacy or call MedOne at **866-335-9057** for assistance.

Member ID Card

Members will receive a Prescription Benefit ID card from MedOne. This ID card contains important information the pharmacy needs in order to process prescriptions.

ACA Covered Prescriptions • \$0 Copay

Non-grandfathered plans may be required to cover certain preventive medications at a \$0 cost share as required under the Affordable Care Act (ACA). Examples include bowel preps, breast cancer prevention, contraceptives, smoking cessation, select vaccines, statins for primary prevention of CVD, HIV preventives, vitamins, and other supplements. Age, quantity limits, and/or prior authorization may be required.

MEMBER RESOURCES

Talk to a Pharmacist

Schedule a call to talk with a pharmacist at www.medone-rx.com/members#contact-us.

MedOne Drug Look-Up Tool

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives. Go to medone-rx.com/members/drug-lookup to access this tool and enter in **WLLMKITAGP** when prompted. If you or your physician have questions about a medication or available alternatives, please call MedOne at **866-335-9057**.

LIMITATIONS

Drug Limitations

This list highlights common medications and their limitations and is not all-inclusive.

- Brand Proton Pump Inhibitors for ulcers /GERD limited to 1 capsule or tablet per day
- Cholesterol medications limited to 1 dose per day
- Migraine medications limited to 6 injections, 8-12 nasal spray doses, or 6-12 tablets (depending on package size) per 30 days
- Opioids limited to 200 MME per day
- Sleep agents limited to 1 dose per day
- Vaccines e.g., Influenza

Refill-Too-Soon Limitation

A retail prescription may not be refilled until at least 75% of a previously filled medication has been utilized or 60% of a mail order prescription has been utilized.

Drugs Requiring Prior Authorization

The following drug categories are subject to prior authorization. Your physician's office may obtain a prior authorization form by calling MedOne at **866-335-9057**. *This list is subject to change.*

- Standard drugs more than \$1,000 for 1-83 day supply claims and \$3,000 for 84+ day supply claims.
- Compounded drugs more than \$100
- Androgens
- Brand name ADHD / narcolepsy drugs
- Brand name sexual dysfunction drugs
- Breast cancer chemo-prevention drugs
- HIV preventives
- Inhalation / nasal smoking cessation products
- Smoking cessation drugs (for treatment more than 6 months)

Excluded Drugs / Categories

This list highlights common plan exclusions but is not all-inclusive.

- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplements
- Ostomy supplies
- Over-the-counter (OTC) drugs (except those listed as covered)
- Products for cosmetic indications e.g., anti-wrinkle agents, Botox, and hair growth stimulants
- Specialty medications
- Weight loss medications

CLINICAL CARE

Step Therapy Program

This program ensures that the most appropriate and cost-effective medications are prescribed ahead of the plan approving brand medications. For the most current step therapy program information, register at www.medone-rx.com.

J-Code Program

MedOne offers the opportunity to fill infusion-based medications in an at-home setting. Services are available at a reduced cost share. Plan deductibles may apply.