



Evident Scientific

OPEN ENROLLMENT

MANAGING YOUR
PHARMACY BENEFITS



Your Pharmacy Plan



Heads up!

We're making some changes to our pharmacy benefits. **As of January 1, 2026**, important changes will be made to your prescription benefit plan. This includes changes to your plan's pharmacy network, as well as new choices for how and where you can fill your prescriptions.

NEW Pharmacy Benefits Partner

VeracityRx will oversee and manage your pharmacy benefits. As your new benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

Where You Can Fill Prescriptions

Your plan uses a select/non-select pharmacy network. Most pharmacies can fill your prescriptions, but if you use a non-select pharmacy, your copay will be higher. Select Pharmacies include most pharmacies, while non-select pharmacies include CVS, Target, Walgreens, and Rite Aid.

How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
 - Locate a network pharmacy
 - Understand your pharmacy benefit
 - Get prior authorization information
- **Call 888-388-8228**
- Email: help@veracity-rx.com
 - *Note: Email inbox is monitored on weekdays from 8:00 AM to 5:00 PM EST.*

Member Portal Access and Benefits Management

- Register for your member portal access
 - Register at: <https://veracity.procarerx.com>
 - *Note: To access the secured portal listed above, the full web address must include **https://***
- Use your online account to:
 - Access and/or restrict profile viewing by other family members
 - Review your prescription claims history or individual prescriptions
 - Look up a drug to identify formulary status and preferred alternatives
 - Locate pharmacies within a zip code, state, city, or county

Mobile App

Download the free VeracityRx App from the AppStore or Google Play Store.

Prescription Coverage Overview



Here's a few ways our Pharmacy program strives to save members money.

Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay. *For example, if your physician prescribes the name brand "Norvasc" to manage your blood pressure, choose the generic form amlodipine and save yourself and the plan money.*

Avoid High-Cost Pharmacies

- The following pharmacies are considered **Non-Select**: CVS, Target, Walgreens, and Rite-Aid. *Please note that Non-Select pharmacies have a higher copay.*
 - **Select Pharmacies:** Most independent pharmacies and grocery stores are considered select.

Get your 90-day prescription filled right at your favorite select pharmacy

- You can elect to get a 90-day fill using your local select pharmacy or mail order. ***Please note that a 90-day fill is not available at non-select pharmacies.***

Specialty Pharmacy Services

Specialty Medications

- For more information on specialty drugs, please go to www.veracity-rx.com and complete the "**Enrollment Form**". Once completed, a VeracityRx Specialty team member will be in touch. See the following pages for additional details and a list of commonly prescribed Specialty Medications.

Personal Importation Medications

- Medications that can be obtained internationally (from Canada) can also be acquired through VeracityRx Pharmacy Services. When the medications are obtained this way, the cost to you is **\$0 Copay**. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy. See the following pages for additional details and a list of commonly prescribed Personal Importation Medications.

Note: *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.*

Specialty Medications



Specialty Medications are EXCLUDED from the plan. A Pharmacy Specialist, who is a registered pharmacist, will work with you as your advocate. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer and the prescriber to ensure continuity of care.

A member of the pharmacy specialty team will assist in the process to help you obtain your medication(s). As your pharmacy specialist and patient advocate, they are here to assist on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at www.veracity-rx.com. Following your enrollment, a member of the team will contact you.

For more information, log onto the website below and complete the “Enrollment Form”.

VeracityRx Pharmacy Contact Information: Enroll at: www.veracity-rx.com

Commonly Prescribed Specialty Medications	
Drug	Drug
Actemra	Jynarque
Acthar	Kuvan
Adempas	Lenvima
Afinitor	Olumiant
Amjevita	Orgovyx
Aubagio	Rebif
Cosentyx	Rydapt
Dupixent	Stelara
Envarsus XR	Taltz
Epidiolex	Tobi Podhaler
Firazyr	Vumerity
Gilenya	Zelboraf
Haegarda	Zenpep
Humira (biosimilars)	
Humira CF (biosimilars)	
Ilaris	
Ingrezza	

Enrollment Form



**List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.*

Personal Importation Medications



- Step 1:** Please check the list below of **commonly prescribed medications that can be sourced internationally** (from Canada).
- Step 2:** If you or a covered member of your household are on any of the medications listed, please start by going to www.veracity-rx.com and complete the “**Enrollment Form**”. If you are unable to enroll online, please call **888-388-8228**, and a member of our team will assist you with the enrollment process over the phone.
- Step 3:** Be on the lookout for an email from a VeracityRx Personal Importation Team member with next steps.
- Step 4:** Contact your healthcare provider to have a new prescription sent into our pharmacy partner. **Instructions will be included in email on how to send in new prescription.*

Commonly Prescribed Personal Importation Medications		
Drug	Drug	Drug
Anoro Ellipta	Invokamet	Skyrizi
Apidra	Isentress	Silenor
Apidra Solostar	Janumet	Spiriva Respimat
Arnuity Ellipta	Janumet XR	Tafinlar
Atripla	Januvia	Tagrisso
Basaglar Kwikpen	Jardiance	Tivicay
Biktarvy	Juluca	Toujeo Solostar
Breo Ellipta	Kesimpta	Tradjenta
Brilinta	Mekinist	Trelegy Ellipta
Cabometyx	Myrbetriq	Tremfya
Cimzia	Omnaris	Trintellix
Combivent Respimat	Orencia	Trulicity
Descovy	Otezla	Victoza
Dulera	Ozempic	Xarelto
Eliquis	Prezcobix	Xeljanz
Enbrel	Promacta	
Entresto	Pulmozyne	
Farxiga	Qvar	
Fiasp	Rexulti	
Imbruvica	Rinvoq	

**List is only a sample of the top personal importation drugs and is subject to change without notice. Additional personal importation drugs can be pursued beyond this list.*

Enrollment Form



Plan Summary



Copays

PPO Preferred

HSA Saver

PPO Premier

Tier 1: Generic (34-day retail)

Select: \$5
Non-Select: \$25

Select: Deductible then \$5
Non-Select: Deductible then \$25

Select: \$5
Non-Select: \$25

Tier 2: Preferred Brand (34-day retail)

Select: \$35
Non-Select: \$55

Select: Deductible then \$25
Non-Select: Deductible then \$45

Select: \$25
Non-Select: \$45

Tier 3: Non-Preferred Brand (34-day retail)

Select: \$70
Non-Select: \$90

Select: Deductible then \$50
Non-Select: Deductible then \$70

Select: \$50
Non-Select: \$70

90-day Retail (Select Pharmacies Only)

Generic: \$15
Preferred Brand: \$105
Non-Preferred Brand: \$210

Generic: Deductible then \$15
Preferred Brand: Deductible then \$75
Non-Preferred Brand: Deductible then \$150

Generic: \$15
Preferred Brand: \$75
Non-Preferred Brand: \$150

Mail Order (ProCare Pharmacy Care)

Generic: \$20
Preferred Brand: \$110
Non-Preferred Brand: \$215

Generic: Deductible then \$20
Preferred Brand: Deductible then \$80
Non-Preferred Brand: Deductible then \$155

Generic: \$20
Preferred Brand: \$80
Non-Preferred Brand: \$155

Specialty Drugs

Specialty Drugs are EXCLUDED
Enroll at www.veracity-rx.com to get started.

Personal Importation Drugs

\$0 Copay – Personal importation drugs are available through VeracityRx Pharmacy Services. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy. Enroll at www.veracity-rx.com to get started.

*Non-Select Pharmacies are:

CVS, Target, Walgreens, and Rite-Aid

*****Brand vs Generic Equivalent:** If Plan Participant chooses a brand when a generic is available, Plan Participant will pay the copay PLUS the difference in cost. Note: If a Plan Participant or their Physician requests a Brand name drug when a Generic equivalent is available, then the Plan Participant must pay the difference in cost between the Generic drug and the Brand name drug in addition to the applicable Brand name drug copayment amount (if any). This difference in payment will not apply to the maximum out-of-pocket amount as shown in the schedule of benefits.

******Personal Importation Program Formulary:** Certain Medications can be obtained internationally from Canada. When medications are obtained this way, the cost to the Plan Participant is \$0 Copay. If the Plan Participant chooses not to participate in the PIP program and to fill prescriptions at a retail pharmacy, the cost to the Plan Participant is 50% of the cost of the medication and will not apply to the maximum out-of-pocket amount as shown in the schedule of benefits.

Member Quick Reference Guide



Pharmacy Benefit Provider

VERACITYRX

Phone: 888-388-8228

Member Portal:

<https://veracity.procarerx.com>

When to Call:

- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorizations
- To get help when you are at the pharmacy and a drug is denied



90-Day Prescriptions

MAINTENANCE DRUGS

Select Pharmacies Only or Mail Order



Specialty Medications

HIGH-COST DRUGS

Contact VeracityRx Pharmacy Services at www.veracity-rx.com for more information.



Retail Pharmacy Network

SELECT PHARMACIES

Advantages:

- Lower Copay
- 90-Day Fills Available

Which are Select?

Grocery stores such as Kroger, Publix, Costco, Walmart, Sam's Club, and locally-owned neighborhood pharmacies. *Basically, the majority of pharmacies EXCEPT those that are non-select.*

NON-SELECT PHARMACIES

Disadvantages:

- Higher Copay
- 90-Day Fills Not Available

Which are Non-Select?

CVS, Target, Walgreens, and Rite-Aid

If you have questions regarding your plan benefits, please contact VeracityRx at 888-388-8228.



Pharmacy FAQs	Pharmacy Benefits
Who is my Pharmacy Benefit Provider?	VeracityRx is your Pharmacy Benefits Partner working in conjunction with ProCare Rx as the PBM.
Are there select or non-select pharmacies?	There are a few pharmacies that are considered non-select. They are CVS, Walgreens, Target, and Rite Aid. All other independent pharmacies are considered select. We encourage grocery store chains, locally owned neighborhood pharmacies and Costco as your lowest cost options.
Where can I fill my prescriptions?	Most pharmacies can fill your prescription(s) up to a 34-day supply*. See question below regarding 90-day supply.
Can I get a 90-day supply?	You may receive a 90-day supply once you have been on the same medication, dose, and dosage for 90 days (i.e., Fill three 30-day prescriptions consecutively). After that, a 90-day supply is available via Select Pharmacies only or mail order. For more information on mail order, call 800.662.0586 or register online. <i>Excludes Specialty drugs.</i>
What happens when you fill a brand drug when a generic is available?	If you request a brand name drug when a generic of the same medication is available, you will be responsible for your copay as well as the difference in cost between the generic product and the brand name product. Please note that the copay will never be greater than the cost of the brand itself.
Information on how to obtain your specialty or personal importation medications.	For more information, please go to www.veracity-rx.com and complete the "Enrollment Form".

Common drug exclusions

The plan does not cover certain items. Some exclusions may include:

- Over the counter (OTC) medications or their equivalents, including certain Proton Pump Inhibitors (PPI) or allergy medications, such as Prevacid, Prilosec, Nexium, Zyrtec, Allegra, and Claritin
- Drug products used for cosmetic purposes
- Vitamins and minerals (except prenatal vitamins)
- Experimental drug products, or any drug used in an experimental manner

Save Money on Prescriptions

YOUR TRUSTED RESOURCE FOR IMPORTANT PRESCRIPTION ANSWERS

VeracityRx is excited to provide **The VeracityRx App**, your virtual pharmacist. The VeracityRx App helps you save money on prescriptions and make life easier!

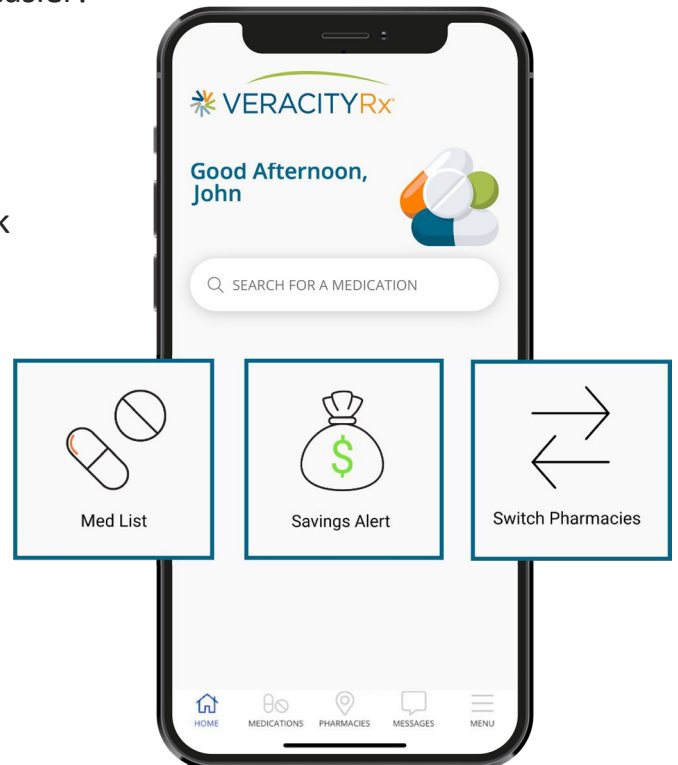
Download The VeracityRx App to:

- View medications and real-time pricing anytime
- Switch medications and pharmacies with one-click
- Receive saving alerts
- And more!



To Get Started:

- Download VeracityRx
- Have your ID card handy
- Check your phone to activate your account



Need help using the app?
Call 866-330-9414 or email veracityrx@levrx.com