

## GROUP ACCOUNT PROFILE (GAP)

GROUP INFORMATION					
Account Notes					
Group Legal Name	Southeast Texas Government Employee Benefits Pool		Group Name (Other)	Jefferson County	
Group Effective Date	1/1/2025		Axis Account Number	9527	
Rx Group Number					
Physical Address	215 Franklin St Suite 202 Beaumont TX 77701		Mailing Address	215 Franklin St Suite 202 Beaumont TX 77701	
Plan Renewal <i>Plan Year Renews on:</i>	1/1,1/1		Benefits Reset to \$0 <i>Accumulates resets on:</i>	January 1: Calendar Year	
TPA Name/Number	UHC-UnitedHealthcare : 1-866-801-4409		Mail Order Name/Number	Liviniti Home Delivery	
ID Card Vendor	Southern Scripts		ID Card Preference		
Transition of Care (TOC)			RxWatchtower	Yes - 60	
7-Day Opioid Program	No				
Variable Copay (VCP)	No		INTL Mail	No	
Has Hardstops	No		Program Analysis sent to client?		
			Program Analysis Received?		
Pharmacy Network			Formulary	Core	
Third Party Vendors	Yes		Manual Claims	Yes	
			Reimbursement Type		
GROUP CONTACTS					
Account Executive	Brittani Carpenter@Liviniti Com		Email	brittani.carpenter@liviniti.com	
Account Manager	Kayla Hay@Liviniti Com		Email	kayla.hay@liviniti.com	
Clinical Account Executive	Danielle Perrodin		Email	danielle.perrodin@southernscripts.net	
PLAN DESIGN					
Plan Names	Jefferson County & DD3	DD6			
Grandfathered Status	N/A	N/A			
Deductible					
	Jefferson County & DD3	DD6			
Deductible Individual	\$0.00	\$0.00			
Deductible Family	\$0.00	\$0.00			
Combined or Rx Only	Combined	Combined			
Embedded or Aggregate	N/A	N/A			
Out-of-Pocket					
	Jefferson County & DD3	DD6			
Out-of-Pocket Individual	\$3,000.00	\$1,000.00			
Out-of-Pocket Family	\$5,500.00	\$2,000.00			
Accumulates	Combined	Combined			
Embedded or Aggregate	Embedded	Embedded			
COST EXCEEDS					
Max Dollar – Retail	\$1,500		Max Dollar – Compound	\$200	
Max Dollar – Mail	\$1,500				
OVERRIDES & STANDARD EDITS					
Vacation Supply	Allowed		Overrides Allowed Per Year	2	

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Third Party Vendors (TPV)			
TPV Vendor?	Yes	If 'Yes', an existing SS vendor?	
New TPV require a contract and a minimum of 90-day timeline. Legal Documents must be executed prior to setup. SS standard layouts will be provided for setup. Customized layouts may require additional fees and setup time.			
Vendor Name	CanaRX (INTL Mail)	Vendor Type	Other
Contact Name	John Howard	Contact Title/Type	
Contact Phone		Contact Email	john@canarx.com
Additional Vendor Notes			
While Southern Scripts agrees to work with TPV upon request of the Client or Plan Participant themselves who voluntarily elect to engage such vendors for their services, Southern Scripts is not affiliated nor shall be liable for any damages resulting directly or indirectly from the services provided by such vendors in relation to the Plan.			
Paid claims to NForm SS reporting vendor			

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Benefit Information					
Plan Name	Jefferson County & DD3	Grandfathered Status	N/A		
Copayment Structure					
Retail Non-First Choice					
Non-First Choice is limited up to 30-Day Supply					
1-30 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$10.00			
Preferred	Copay	\$25.00			
Compound	Copay	\$50.00			
Non- Preferred	Copay	\$50.00			
First Choice					
1-30 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$10.00			
Preferred	Copay	\$25.00			
Compound	Copay	\$50.00			
Non- Preferred	Copay	\$50.00			
31-60 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$25.00			
Preferred	Copay	\$75.00			
Non- Preferred	Copay	\$160.00			
61-90 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$25.00			
Preferred	Copay	\$75.00			
Non- Preferred	Copay	\$160.00			

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Mail Order					
1-30 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$10.00			
Preferred	Copay	\$25.00			
Compound	Copay	\$50.00			
Non- Preferred	Copay	\$50.00			
31-60 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$20.00			
Preferred	Copay	\$75.00			
Non- Preferred	Copay	\$160.00			
61-90 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$25.00			
Preferred	Copay	\$75.00			
Non- Preferred	Copay	\$160.00			
Specialty					
<p><i>All specialty medications are limited up to 30-day supply, specialty formulary &amp; specialty network only.</i></p> <p><i>For rebate purposes, there are standard plan design requirements for rebates. The Plan Design must consist of a three-tier copay structure with the first tier comprised of Generic Drugs, the second tier comprised of Preferred Brand Drugs, and the third tier comprised of Non-Preferred Brand Drugs with a copayment differential between Preferred and Non-Preferred Brand Drugs of \$20.00. For Plan Design, if a different Copay Structure is elected, then the ability to qualify for rebates will be impacted.</i></p>					
1-30 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$200.00			
Preferred	Copay	\$200.00			
Non- Preferred	Copay	\$200.00			

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### Copayment Structure Notes

\$0 Copay on generic statins & generic oral anti-diabetic drugs

OTC Drug Copays as follows: Retail 30 day supply \$2

Retail 60 -90 day supply \$6

Mail 30 day supply \$2

Mail 60 – 90 day supply \$6

### Preventive Drug List

Southern Scripts requires that Custom Preventive List be provided by client 60 days prior to effective date and must include GPIs and NDCs.

HDHP Preventive List Apply?	No	If Yes; SS Standard or Custom?	No
Deductible Waived?	No	Copay Amount	\$0.00
HDHP Preventive List Notes			

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Benefit Information					
Plan Name	DD6	Grandfathered Status	N/A		
Copayment Structure					
Retail Non-First Choice					
Non-First Choice is limited up to 30-Day Supply					
1-30 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$10.00			
Preferred	Copay	\$25.00			
Compound	Copay	\$50.00			
Non- Preferred	Copay	\$50.00			
First Choice					
1-30 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$10.00			
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Compound	Copay	\$50.00			
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Preferred	Copay	\$75.00			
Non- Preferred	Copay	\$160.00			
61-90 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$25.00			
Preferred	Copay	\$75.00			
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Generic	Copay	\$10.00			
Preferred	Copay	\$25.00			
Compound	Copay	\$50.00			
Non- Preferred	Copay	\$50.00			
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Generic	Copay	\$25.00			
Preferred	Copay	\$75.00			
Non- Preferred	Copay	\$160.00			
61-90 Day Supply	Formula	Member Copay	Member Coinsurance	Min	Max
Generic	Copay	\$25.00			
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Generic	Copay	\$200.00			
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Copayment Structure Notes
<p>\$0 Copay on generic statins &amp; generic oral anti-diabetic drugs</p> <p>OTC Drug Copays as follows: Retail 30 day supply \$2 Retail 60 -90 day supply \$6 Mail 30 day supply \$2 Mail 60 – 90 day supply \$6</p>

Preventive Drug List			
Southern Scripts requires that Custom Preventive List be provided by client 60 days prior to effective date and must include GPIs and NDCs.			
HDHP Preventive List Apply?	No	If Yes; SS Standard or Custom?	No
Deductible Waived?	No	Copay Amount	\$0.00
HDHP Preventive List Notes			