

2025–2026

International Student

Medication Guide

Scholar

Scholar Premier

Introduction

This Medication Guide includes a list of commonly used Generic prescription and certain Brand medications available at your pharmacy that may be covered under your plan. The amount you pay depends on the drug your doctor prescribes. It's either a copay or the difference between what your plan covers plus your copay and the prescription's price. Certain Brand medications will only be dispensed when the following requirements are met: (a) be Medically Necessary; (b) requested when Generic is not available; and (c) specifically ordered by a Physician in place of the Generic medication. If the Generic medication is available or exists, this Policy will pay for Brand medication up to the equivalent cost of the Generic medication. The use of biosimilars (the preferred therapy based on step therapy requirements) must be exhausted first before a Brand medication is prescribed. In certain circumstances, Pre-Authorization may be required. Medications may be subject to additional charges or other restrictions. Diabetic supplies may also be covered under your medical plan. If you purchased a Policy with Dependent coverage, please refer to your Policy Terms and Conditions for any Waiting Periods related to Pre-existing conditions.

You should speak with your doctor about prescribing Generic medications. Generic medications are the least expensive and will reduce your out-of-pocket costs. We recommend that you bring a copy of this Medication Guide with you each time you visit your physician. This Guide will assist your doctor in selecting an appropriate medication for you.

The drug formulary in this Medication Guide is updated regularly. The most up-to-date information about the medications listed in this Medication Guide can be found by contacting ConciergeCare. It is important that you check your policy for coverage information about prescription medications. Your plan may not cover prescription medications listed in this Medication Guide or for certain medical conditions. If you have any questions about your plan and the Outpatient Medication Program, contact ConciergeCare at +1-855-773-7810.

Note: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

Outpatient Medication Program

(Please note that all medications listed in the Medication Guide may not be covered by your plan. Please refer to your plan limitations page and Medications that are not covered in the Medication Guide)

In the United States, coverage is provided for Outpatient Prescription Drugs and Supplies listed in this Medication Guide when dispensed by a participating pharmacy in the network of our Pharmacy Benefit Manager (PBM). Generic medications will always be dispensed under the Outpatient Medication Program. Certain Brand medications will only be dispensed when the following requirements are met:

- (a) be Medically Necessary;
- (b) requested when Generic is not available; and
- (c) specifically ordered by a Physician in place of the Generic medication.

If the Generic medication is available or exists, the Outpatient Medication Program will pay for Brand medication up to the equivalent cost of the Generic medication not to exceed \$250 per fill. The use of biosimilars (the preferred therapy based on step therapy requirements) must be exhausted first before a Brand medication is dispensed. In certain circumstances, Pre-Authorization may be required.

A prescription drug may be located in this Medication Guide by looking up the therapeutic category and name. If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name. A drug is listed alphabetically by brand name in parenthesis in the Medication Guide.

What are Generic Medications?

The Outpatient Medication Program encourages the use of Generic Medications as a way to provide high-quality medications at reduced costs. Generic Medications are as safe and effective as their Brand Name counterparts and are usually considerably less expensive. A Food and Drug Administration (FDA) approved Generic Medication may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the Brand Medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Pre-Authorization

Pre-Authorization encourages the appropriate, safe, and cost-effective use of medication. Typically, Pre-Authorization applies to medications that are: (i) taken in the wrong way; (ii) should only be used for certain medical conditions; or (iii) cost more than other drugs that are proven to be just as effective.

If you are currently taking or are prescribed a medication that requires Pre-Authorization, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Your provider is required to complete and submit the Pre-Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Pre-Authorization approval does not waive your financial responsibility.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-The-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

Note: You have the right to request an appeal if coverage authorization is denied. Please refer to your Policy terms and conditions for information on how to file an appeal.

Quantity Limits and Maximum Benefit Amount

Prescription Medication Quantity Limits encourages the appropriate, safe, and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the FDA guidelines and the manufacturer's dosing recommendations. Quantity Limits include limits of prescription medication to one dose per day (for drugs that have approval for once-daily dosing) and limits prescription medication to a specific number of units over a specific amount of time.

The maximum benefit per medication fill is \$250. Any Medication above \$250 USD is the member's responsibility.

Oral Contraceptives are covered up to a maximum of \$100 and a 30-day supply.

One (1) lifetime implantable contraceptive is covered up to a maximum \$250.

90 days supply is not available.

Over-The-Counter (OTC) Medications

An Over-The-Counter Medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly Prescribed Medications. Your Outpatient Medication Program does not cover OTC Medications.

Medications That Are Not Covered

Your pharmacy benefit may not cover the following:

- Acne medications
- OTC (Over the counter medications)
- Mifepristone 200mg or related medications
- Substance Abuse medications
- HIV medications
- Prescription Drug refilled in excess of the number specified by the Physician, or any refill dispensed after one (1) year from the Physician's original order
- Compounded Prescription Drugs that do not contain at least one (1) ingredient that has been approved by the FDA and requires a prescription for refill
- Compounded Prescription Drugs that are available as a similar commercially available Prescription Drug
- any product for which the primary use is a source of nutrition or dietary management of disease, even when used for the Treatment of an Illness or Injury
- vitamins, minerals, herbs, supplements, aspirin, cold remedies, special infant formula, and any other over the counter medicine or medical Supply even if medically recommended, prescribed or acknowledged as having therapeutic effects
- medication which is to be taken by or administered to an individual, in whole or in part, while he/she is a patient in a licensed Hospital, rest home, sanitarium, Extended Care Facility, convalescent Hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a Facility for dispensing pharmaceuticals
- Prescription Drugs refilled before 85% of the previous filling has been used
- Prescription Drug scripts or orders that are forged or otherwise wrongfully obtained
- growth hormones
- hormone therapy Treatment
- contraceptive intrauterine device, diaphragm, ring and injectable (only generic oral contraceptives for a 28 or 30-day supply and one implantable per lifetime are covered under this Policy)
- smoking cessation medications
- retinoids such as Retin-A and their generic or therapeutic equivalents
- certain Prescription Drugs and Supplies that require prior authorization in order to be covered
- Specialty Drugs

Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or Over-The-Counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated Generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different National Drug Code (NDC).

Changes to the Formulary

The medications listed in this Medication Guide are subject to change (add or remove) at any time, including a change to the tier or application of limits of coverage. The Medication List is reviewed on a regular basis to examine new medications and new information about medications that are already on the market concerning safety, effectiveness, and current use in therapy. The most up-to-date information about modifications to the medications listed in this Medication Guide may be found by contacting ConciergeCare. Medication Guides are posted when they are updated.

There are varying reasons why changes are made to the medications listed in the Medication Guide. Some reasons why it can change include:

- Existing drugs are removed from the market

- Prescription drugs may become available OTC (without a prescription). Over-the-counter drugs are not covered.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brandname drug. The brand-name drug is likely to become non-formulary or covered at a higher cost.

Contact ConciergeCare for the most up-to-date information.

Check your plan documents for coverage information. Your plan may not cover prescription medications listed in the Medication Guide or for certain medical conditions. Your plan may also be subject to additional charges, waiting periods or restrictions, regardless of their appearance in this document. Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Not all health services are covered. Please refer to your Policy terms and conditions for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, call the number on the back of your member ID card.

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy Terms and Conditions or Certificate of Coverage. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy Terms and Conditions or Certificate of Coverage, the provisions contained in the Policy Terms and Conditions or Certificate of Coverage shall control to the extent necessary to effectuate the intent of WellAway Limited.

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The information in the Medication Guide is subject to change.