

Pharmacy FAQ's

General FAQ's

What's a deductible?

A deductible is the amount of money you must pay out-of-pocket for healthcare services before insurance begins to pay. For a family enrolled in our Gold Plan, the entire family must meet the overall family deductible before the plan shares in the cost (coinsurance) for any family member. The amount can be fulfilled by one, or a combination of family member(s). For a family enrolled in the Silver Plan, a single family member must meet their individual deductible amount before the plan begins sharing (coinsurance) the cost of that family member's care. Some services that are covered at 100% (e.g. in-network Preventive care) would not be subject to the deductible because no expense was incurred by you or one of your family members.

What's coinsurance?

Coinsurance is the percentage/amount that is shared between you and the plan as soon as your plan's deductible has been met. This will continue until your out-of-pocket maximum amount has been met. For in-network care, after the deductible has been met, Edward Jones pays 80% and you are responsible for 20% (coinsurance).

What's an out-of-pocket maximum?

An out-of-pocket maximum is the most that you will pay for covered services, per calendar year. You can think of it as your deductible + co-insurance amount = your out-of-pocket maximum. If you are enrolled in our Gold Plan, once the entire family meets the out-of-pocket maximum, the plan begins to pay 100% of the services covered by your plan. For the Silver plan, each family member must meet their individual out-of-pocket amount before the plan pays 100% of covered services.

What's a formulary?

A list of drugs your health plan covers. It includes generic, brand-name and specialty drugs.

What's a brand-name drug?

A drug made by one company with a trademarked name, often more expensive than a generic drug.

What's a generic drug?

A copy of a brand-name drug with the same ingredients and effects, usually cheaper than a brand-name drug.

What's a specialty drug?

Medicine for serious or long-term conditions like cancer or multiple sclerosis. These may need special handling or delivery.

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What's a biosimilar drug?

A drug that's very close to a specialty drug but made by a different company. It works the same way that a generic drug does compared to a brand drug.

What's a compound drug?

A custom-made drug mixed by a pharmacist.

What's an over the counter (OTC) drug?

Medicine you can buy without a prescription, like aspirin or allergy pills.

What's maintenance medication?

Medicine you take regularly for ongoing conditions like high blood pressure or diabetes.

What's Prior Authorization and when is it needed?

Prior Authorization, also referred to as pre-approval, is a process where your doctor must obtain approval from the plan before certain medications can be dispensed. This ensures the prescribed drug is medically necessary and appropriate for your condition. Only a limited number of medications covered by the plan require prior authorization for benefit coverage. Most requests are reviewed within one business day when documentation is complete and submitted electronically. Pharmacy and medical data are used to streamline and expedite the review process.

What's step-therapy?

There are some drugs or conditions where members are asked to try a clinically effective, commonly prescribed medication first – often a lower-cost option, before progressing to a newer or more expensive drug, if necessary.

What are Quantity Limits and Dose Optimization?

Quantity limits and optimization ensure that the amount and dosage of medication dispensed align with FDA-approved guidelines. These measures help promote safe usage and support better medication adherence.

What's a network pharmacy?

A pharmacy that works with your plan and offers lower costs.

What's a non-network pharmacy?

A pharmacy not in your plan. You may pay more.

What are manufacturer coupons and discount programs?

Manufacturer coupons are discounts provided directly by the drug manufacturer and are typically available and applied through an in-network retail pharmacy. Discount programs (e.g., GoodRx) are non-insured programs that offer discounts on a subset of commonly prescribed medications. You may use any discount

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programs but would be responsible for paying the entire cost of the medication upfront. To apply for insurance coverage, you would need to submit a manual claim for reimbursement. Please note that pharmacy plan rules will still apply (such as coinsurance, deductible, pharmacy programs, etc.), and only the final cost paid by you will be applied to your deductible and out-of-pocket maximum.

CarelonRx FAQ's

Why are we making this change?

Combining our pharmacy and medical benefits under Anthem, members will enjoy a more streamlined and connected healthcare experience. You'll be able to view all health information in one place while receiving support for both medical and prescription needs at the same time. Our goal is to make it easier for you to manage your care and control your healthcare costs, so you can focus more on your health and less on navigating the system.

Will we have separate ID cards?

No, you will have a single ID card that covers both Anthem and CarelonRx. New ID cards will be mailed and will arrive in early 2026. You can also retrieve a digital version of your ID card via the Sydney app. Once you receive your new card, please share a copy with your healthcare providers and pharmacy. ID cards will include the group and RxBIN numbers listed below.

Group: 230049

RxBIN: 020099

How can I confirm if my medications are covered?

Use the "Price a Medication" tool* in the Sydney app, visit [Anthem and Carelon Rx](#) or call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

**Please note: Until Jan. 1, 2026, the "Price a Medication" tool is intended for illustrative purposes only and reflects pricing based on CVS in the St. Louis market. Starting Jan. 1, 2026, you'll be able to select your preferred pharmacy within the tool for more personalized estimates.*

How will I be informed if my medications are not covered?

You'll receive a letter from Anthem with details about this change. To give you more time to prepare, Edward Jones is providing you with extra time through Mar. 31, 2026, to talk with your doctor about alternative medications that will be covered by the plan. Your doctor may be able to suggest alternative, cost-effective medicines that may be covered by the plan and are just as effective as your current medication.

If my medication requires Prior Authorization with CarelonRx what will I need to do?

You'll receive a letter from Anthem regarding upcoming changes. To support you during this transition, Edward Jones is providing you with extra time through March 31, 2026. Your provider can submit a Prior

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Authorization to CarelonRx after Jan. 1, 2026, for continued benefit coverage. Please call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST for additional assistance.

How can I fill my prescriptions?

1. At a local pharmacy (network preferred).
 - There are approximately 66,000 in-network pharmacies in total and approximately 25,000 participating retail pharmacies in the Rx Maintenance program.
2. Through CarelonRx home delivery (90-day supply available)

Are prescriptions obtained internationally covered under the plan?

Prescriptions obtained out of the country are covered under the pharmacy plan but are considered out-of-network and subject to the out-of-network pharmacy coinsurance in addition to your pharmacy plan rules. If you are traveling out of the country, it's recommended to obtain an extended fill of your prescriptions before you leave. If you have any questions or need assistance, please call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

How does home delivery work?

If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. With CarelonRx Pharmacy, you can receive up to a 90-day supply of medications delivered quickly and safely to you. Plus, with home delivery, you receive free standard shipping and automatic refills, so you won't need to go to the pharmacy. You should receive your medications in the same amount of time as you receive them from your home delivery pharmacy today.

I use Express Scripts home delivery pharmacy for my maintenance prescriptions (e.g., blood pressure, cholesterol, diabetes). Will my current prescription be transferred from Express Scripts to CarelonRx?

Yes, if you have prescription(s) with remaining refills after Dec. 31, your remaining home delivery prescription refills will be transferred from Express Scripts to CarelonRx on Jan 1, 2026. You'll be able to request a mail order refill online or by phone after the refills have transferred on Jan 1, 2026. If you need a refill before Dec. 31, 2025, please refill your prescription through Express Scripts home delivery.

Please note, while prescriptions with refills available after Dec. 31 will be transferred, payment information and home delivery preferences cannot be transferred. If you use a credit card to pay for your mail order prescriptions, you'll need to provide this information to CarelonRx. Details for registering will be available on anthem.com and in the Sydney Health app.

Is maintenance by Home Delivery required?

No, it isn't. Your plans include the RxMaintenance 90 program where you still have the option to fill your maintenance medications through home delivery but can also choose to have them filled at a local maintenance network pharmacy including a vast network of 25,000 national pharmacies, including CVS, Wal-Mart, Kroger, and other independent pharmacies.

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If you are taking maintenance medication, you may receive the first 30-day supply and up to one additional 30-day refill of the same maintenance medication at participating retail pharmacy. On your third refill, you must fill a 90-day supply of your maintenance medication at a participating maintenance network retail Pharmacy or use the CarelonRx home delivery pharmacy. The maintenance retail pharmacy network includes approximately 25,000 national pharmacies, including CVS, Wal-Mart, Kroger, and other independent pharmacies.

If you don't switch to the RxMaintenance 90 program, you will be responsible for 100% of the drug cost before and after your deductible is met. None of the penalty costs will be applied towards your deductible or out-of-pocket. For the listing of Home Delivery/Rx Maintenance 90 medications, please visit [Anthem and Carelon Rx](#) or please call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

I take a specialty prescription (e.g., medication for complex or chronic conditions like rheumatoid arthritis, or multiple sclerosis) that is currently filled by Express Scripts specialty pharmacy and mailed to me. Does CarelonRx have a specialty pharmacy? Will my current specialty prescription be transferred automatically?

Yes, CarelonRx uses their own specialty pharmacy called BioPlus to fill and mail specialty prescriptions. BioPlus will replace Express Scripts Specialty pharmacy as the exclusive provider of specialty prescriptions for Edward Jones members.

BioPlus offers dedicated care teams staffed with specialists on your condition to help with everything (e.g., getting started on medication, managing side effects, injection training). If you have specialty prescription(s) with remaining refills after Dec. 31, they will be transferred from Express Scripts Specialty pharmacy to BioPlus. If you are due for a refill within the first few days of 2026, please request a refill from Express Scripts Specialty at least 2 weeks before your supply runs out.

If you're currently using a specialty medication, Anthem will notify you by mail. Additionally, if your phone number is available, a BioPlus representative will also call you to review your care plan and address any questions you may have.

You can also reach an Anthem Family Advocate at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST for additional assistance or BioPlus Pharmacy directly at 833-549-2114.

In what circumstances will my provider need to send a new prescription?

If your current one is expired, out of refills, or not transferable.

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How can I check the price of a medication?

Log into the Sydney app with your account and use the “Price a Medication” tool, visit [Anthem and Carelon Rx](#) or please call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST

What is the Cost Relief program and how do I enroll?

Cost Relief is a program that offers you select specialty medications at no cost to you after you’ve met your plans deductible.

If you are currently using a specialty medication that qualifies for the Cost Relief program, you will receive a letter from CarelonRx with additional program information and instructions to enroll. Once enrollment is completed, a Cost Relief representative will assist with the drug manufacture to sign you up for the manufacturer copay assistance which provides savings on your eligible specialty medications. The available savings are then applied to your claims.

Any amount paid by the manufacturer's copay assistance will not count towards your deductible and out-of-pocket maximums. This may be a change to how your specialty prescription claims have been handled in the past. You will continue to pay your share of the costs until you reach your deductible. When you reach your deductible, you will pay \$0 for the eligible specialty medications.

Please note that Cost Relief is not compatible with FSA/HSA Auto-Pay setups. If you currently use Autopay, you’ll need to contact HealthEquity directly by calling 844-281-0433 to turn off that feature before Cost Relief begins on Jan. 1, 2026. If Autopay is not turned off, it may result in incorrect use of your FSA/HSA funds and could interfere with how your savings are applied.

Are there manufacturer-sponsored programs that provide Glucometers at no cost for diabetes management?

Members that use a Glucometer to manage diabetes, may be eligible for an Accu-Chek or Freestyle Glucometer at no cost under the pharmacy benefit.

To receive a free Accu-Chek or Freestyle Glucometer, share the information below with your retail pharmacy at the time you pickup your Glucometer.

Accu-Chek

Pharmacist, please submit the Accu-Chek Glucometer with this information:

BIN#: 610524

RxPCN: 1016

Group #: 40026479

ID# 269489595

Issuer #: (80840)

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For assistance, the pharmacy can call the Accu-Chek Pharmacist Help Line at 1-800-657-7613 (Hours: 8:00 a.m. – 8:00 p.m. EST, Monday - Friday).

Freestyle

Pharmacist, please submit the Freestyle Glucometer with this information:

BIN#: 610020

Group: 99992432

ID: ERXCARELON

For assistance, the pharmacy can call the Freestyle Pharmacist Help Line at 1-855-220-9552 (Hours: 8:00 a.m. – 8:00 p.m. EST, 7 days per week).

How do I appeal a denied claim?

Log in to your Sydney app to start the appeal or for additional assistance please call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST

Who can I contact for more info?

For questions, please call our Family Advocates at 800-359-0640 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST

Can I continue using the Express Scripts portal after Dec. 31, 2025?

Yes. You will still have access to the Express Scripts portal. However, Single Sign-On (SSO) will no longer be available. To log in, go to [Login | Express Scripts Members](#) and enter your username and password. If needed, use the 'Forgot Username' or 'Reset Password' links.

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