Welcome

- How to Interact with this Guide

FAES
FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES

How to Interact with this Interactive Postcard:

This interactive postcard provides general information regarding your prescription benefits for our benefit-eligible employees.

For a complete review of your benefits, please review your benefit guide.

Click on the tiles below to learn more about your benefits.

Medical

Pharmacy

Dental

Progyny

Contact Information

Click on the tiles below to learn more about your benefits.

Medical

Pharmacy

Dental

Progyny

Contact Information

Medical

luminare health

Questions?
Call at 1-888-270-2044

FAES FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES + luminare health℠ Experience. Solutions. Results. + aetna

Medical Plan

FAES offers one medical PPO plan utilizing the Aetna Signature Administrators. Please see below regarding the ways to engage with your FAES Plan:

Carrier	Function	When to Call
Luminare Health	Administrator that processes the claims for the FAES medical plans.	Medical plan coverage questions, claims status or disputes, finding in-network providers, and ID card issues
Aetna Signature Administrators	Provider Network	Issues with network provider access, billing or explanation of benefits (EOB) questions
Express Scripts	Pharmacy Benefits through this carrier; Pharmacy Benefit Manager (PBM)	Issues with prescription fulfillment
RxBenefits	Enhanced customer service and works in partnership with Express Scripts (ESI	Pharmacy claims and billing questions, pharmacy benefit navigation, appeals related to pharmacy benefits
Accredo	Specialty Pharamcy	Specialty medication questions, medication shipping and delivery status, and prior authorization

Please refer to page 6 of the benefit guide.

Medical

luminare health

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Call at 1-888-270-2044

FAES FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES + luminare health

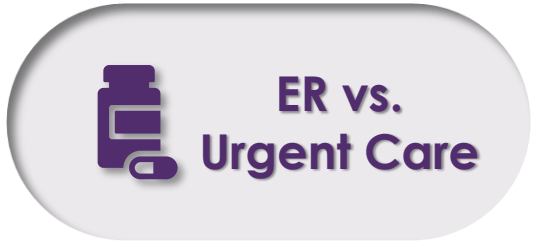
Medical Benefits with Luminare

Who is Luminare?

Luminare Health serves as the plan's Third-Party Administrator (TPA), meaning they administer the self-funded health plan and handle claims processing, customer service, eligibility, and plan operations. Aetna is the network provider, giving members access to Aetna's nationwide PPO network and negotiated provider discounts. In short, Aetna provides the network, while Luminare administers the plan.

Aetna Signature as the medical network

In simple terms, Aetna gives members access to its contracted doctors, hospitals, and negotiated discounts, and Luminare handles the day-to-day administration of the plan.



Note: If a provider searches for coverage under an Aetna Plan, you do not have an Aetna plan as *Aetna Signature* is the network. To find a provider, click the hyperlink on the left bar: ***"How to find a provider – Aetna Sigature."***

Please refer to page 24 of the benefit guide.

Medical

luminare health
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Call at 1-888-270-2044

Emergency Room & Urgent Care

EMERGENCY ROOM VS URGENT CARE?

EMERGENCY ROOM

The emergency room (ER) is equipped to handle **life-threatening injuries and illnesses** and other serious medical conditions.

Patients are generally seen according to the seriousness of their conditions in relation to other patients.

Go to the nearest ER if you experience any of the following:

- Compound fractures
- Shortness of breath
- Broken bones
- Poisoning
- Seizures
- Chest pain or difficulty breathing
- Uncontrollable bleeding
- Major Trauma

Having a true emergency? Don't hesitate! Call 911 immediately.

URGENT CARE

Urgent care centers also offer after-hour care. Unlike the ER, they are not equipped to handle life-threatening situations.

Rather, they are designed to address **conditions where delaying treatment could cause serious problems or discomfort.**

These conditions can be treated in an urgent care center:

- Cuts that require stitches
- Diagnostic tests (x-rays, labs)
- Ear infections
- Fever or the flu
- Sprains or strains
- Vomiting, diarrhea, or dehydration
- Urinary tract infections
- Minor broken bones (non-surgical)

Medical

Next Steps
Contact your doctor to discuss your preventive care options. Call the number on your medical ID card or login to your member website HERE, to find a network provider.

BACK NEXT

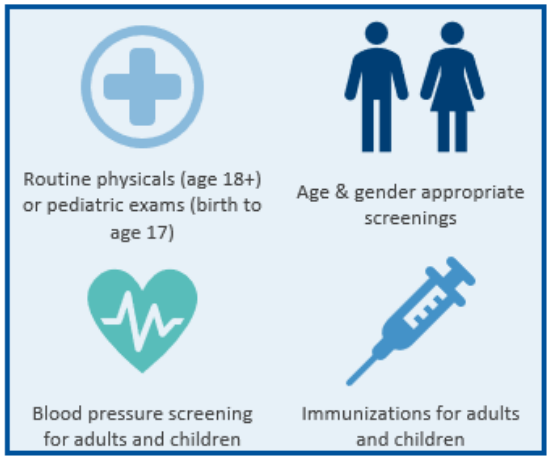
PREVENTIVE CARE

ANNUAL WELLNESS

What is Preventive Care?

Preventive care refers to health services aimed at preventing illnesses, detecting diseases early, and promoting overall wellness before symptoms appear or conditions worsen. **It's a proactive approach** to healthcare that helps individuals stay healthy and avoid costly treatments down the line.

Most health plans cover a set of preventive services at no cost to you when you use in-network doctors and facilities. These services include:



Please refer to page 11 of the benefit guide.

Preventive Care vs. Diagnostic Care

You can get preventive care when you're healthy. Things like annual physicals and screenings can help you stay healthy and may prevent health problems before they happen.
You receive diagnostic care when you're having symptoms of a health problem. Appointments with your doctor and any tests they want you to have are used to diagnose an issue so it can be treated.

Diagnostic care may be associated with a copay or coinsurance cost on your plan. Be sure to ask your doctor if an additional test counts as diagnostic.

For a comprehensive list of preventive care services please visit www.healthcare.gov/coverage/preventive-care-benefits.

Pharmacy

RxBenefits

Questions?
Call at 1-800-334-8134
CustomerCare@RxBenefits.com
Chat: Live Agent at via member portal at Member.RxBenefits.com

FAES FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES + RxBenefits® + EXPRESS SCRIPTS®

RxBenefits vs. Express Scripts (ESI)

Who is RxBenefits?

RxBenefits is your Pharmacy Benefits Optimizer and will work in partnership with Express Scripts (ESI), your pharmacy benefit manager, to bring you improved member services and support for your prescription needs. RxBenefits also works with your physician to get approval for any medications that need Prior Authorization.

What is the difference between RxBenefits and Express Scripts (ESI)?

Your benefits are provided by Express Scripts, but RxBenefits administers the services for a more personal approach.
You should contact RxBenefits at 800.334.8134 with any pharmacy-related questions.

Function	**Express Scripts (ESI) –** Pharmacy Benefit Manager	**RxBenefits –** Enhanced Customer Service surrounding Pharmacy Benefits
Role	Manages pharmacy benefits for health plans and employers	Providers an enhanced experience and services to employees
Services	Negotiates discounts with pharmacies, develops, formularies, processes claims	Provides member services, helps members find lower-cost alternatives, assists with transitions of care
Benefits	Lower prescription drug costs for health plans and employers	Greater discounts enhanced access, and improved member services for employers and their employees

Please refer to page 17-19 of the benefit guide.

Pharmacy

RxBenefits

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Formulary List

EXPRESS SCRIPTS®

Express Scripts National Preferred Formulary (NPF) is the list of medicines that ESI recommends to treat various conditions. The formulary/drug list contains brand-name and generic medications covered by your plan. Express Scripts revises its NPF twice a year (January and July), based on reviews of research and regulatory updates about the medical value of medicines.

You can review the Express Scripts National Preferred Formulary for 2026 by logging into your Express Scripts account online. Or contact RxBenefits Member Services at 800.334.8134.

Please refer to the Member Benefit Guide for complete plan details and the Prescription Benefit Coverage (PBC) document to review the specific prescription plan exclusions. To view what medication is covered or excluded under the plan, please log into your ESI portal or contact the Member Services number above.

Q: How can I check if my medication is covered and compare prices?
Answer: (1) After you register/login, your ESI portal will give you personalized recommendations based on your plan. (2) Or you can use an easy-to-use Price a Medication tool to compare pricing and coverage information. You can log in and go to Price a Medication under Prescriptions in the main menu. Just select a member of your plan, enter the medication name, and search. Depending on your plan, we can also use your ZIP code to find nearby network pharmacies.

RxBenefits

Have additional questions? RxBenefits Member Services can help address whether your pharmacy is in network, if a drug is covered, mail order, prior authorization, and more. Please contact their Member Services team at **800.334.8134** between Monday through Friday from 7 AM to 8 PM Central Time.

Pharmacy

RxBenefits
Questions?
Call at 1-800-334-8134
CustomerCare@RxBenefits.com
Chat: Live Agent at via member portal at Member.RxBenefits.com

BACK NEXT

Protect Program

RxBenefits

The RxBenefits Protect Program entails a suite of clinical solutions designed and led by RxBenefits's team of independent PharmDs to ensure those medications are appropriately prescribed, clinically effective, and cost efficient. The Protect Program entails the following:

1. **Low Clinical Value (LCV) Formulary Exclusions** – The LCV helps to identify and remove high-costs drugs from the ESI (Pharmacy Benefit Manager) formularies when more affordable, equally effective alternatives are available.
2. **High Dollar Claim Reviews** – Ensures that non-specialty drugs are medically necessary and prescriber according to FDA guidelines and clinical best practices.
   - *Complex Condition Intervention (CCI):* RxBenefits's PharmDs engage a condition specialist for CCI reviews to ensure members are receiving the right drug, at the right dosage, at the right price.
   - Utilization Management for Next Generation Diabetes Drugs
3. **High-Touch Therapeutic Interchange** – This program identifies members who are taking specialty treatments and who is most likely to benefit from this program.

Please refer to page 19 of the benefit guide.

Pharmacy

RxBenefits
Questions?
Call at 1-800-334-8134
CustomerCare@RxBenefits.com
Chat: Live Agent at via member portal at Member.RxBenefits.com

BACK NEXT

Protect Program – Prior Authorization

RxBenefits

The RxBenefits provides human-led clinical management for all prescriptions. This includes requiring a prior authorization (PA) approval for certain medications before they can be dispensed under your plan.

What is a PA? A PA approval is required before prescriptions for certain medications can be filled under insurance. PAs are used to confirm medications are being prescribed for their intended use based on approval guidelines by the FDA and meet established clinical standards of care.

What do I do if my medication requires a PA? When you try to fill a prescription for certain medicines, your pharmacist may tell you it requires a PA. Your prescriber has access to the required information to submit a PA request. Your prescriber can choose to switch to another medication that does not need a PA or an over-the-counter alternative. If they do not want to switch your medication, their office will need to initiate a PA.

What do I do if my medication requires a PA? A PA typically takes one to seven business days to process. If the PA is approved, you will be able to pick up your prescription at the pharmacy or have it delivered to your home. A notification letter will be sent within two weeks of a PA being approved or denied.

What if my PA is denied? If your PA is denied, you will need to contact your prescriber to discuss the next steps. If you or your doctor disagree with the initial denial, you may appeal the decision. Your doctor may be asked to provide additional information about your condition and the reason for the medication being prescribed. If the second appeal is denied, you or your prescriber may appeal the denial a third and final time. The appeal is then reviewed by a third-party independent review organization (IRO). The determination made on a third appeal is final and binding and you cannot appeal it again.

Please refer to page 18 of the benefit guide.

Pharmacy

RxBenefits
Questions?
Call at 1-800-334-8134
CustomerCare@RxBenefits.com
Chat: Live Agent at via member portal at Member.RxBenefits.com

Protect Program – Prior Authorization

RxBenefits

Through RxBenefits, one of the services provided includes an enhanced prior authorization process for members taking specialty medications. Your plan may only cover some treatments, while others may not be covered. RxBenefits works directly with your prescriber to find the right medication for you based on your plan.

1. If your new prescription requires a PA, your prescriber will need to complete the PA request through RxBenefits.
2. RxBenefits will review the PA request and the clinical information provided by your prescriber and collaborate with your doctor, as appropriate, to find a clinically effective alternative medication that aligns better with your insurance coverage and treatment needs.
3. You can check the status of your PA using the My RxBenefits member portal at member.rxbenefits.com.
4. Once RxBenefits and your provider have determined the best treatment option based on your plan and clinical considerations, you will be notified of the outcome.
5. You can follow up with your pharmacy to see when your medication is ready for pickup. (Note: You will still get a letter in the mail with details of your prior authorization outcome)

Pharmacy

Frequently Asked Questions

How do I use my pharmacy benefits?	Simply present your benefits ID card and prescription at a retail pharmacy in your plan's network. The pharmacist can use your prescription and member information to determine whether the medication you have been prescribed is covered by your plan, as well as your copayment or coinsurance. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your pharmacy benefits manager's (PBM's) website for more information. You can find a link to your PBM's website on the My RxBenefits member portal at Member.RxBenefits.com.
What is a drug list/formulary?	Refer to the Formulary List section. If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about switching to a covered alternative.
What medications are excluded?	To view what medication is covered or excluded under the plan, please log into your ESI portal or contact the RxBenefits Member Services number at 1-800-334-8134.
What is a prior authorization?	Refer to the Protect Program > Prior Authorization section.
What is the difference between generic and brand medications?	Generic medications are regulated by the FDA and must be therapeutically equivalent to the brand-name drugs. They must have the same active ingredients, dosage form, strength, route of administration, and intended use. A generic drug is introduced to the market only after the patent on its brand-name counterpart has expired. Once available, multiple manufacturers can produce the generic version, which increases market competition and price their products lower than brand-name versions. Simply ask your healthcare provider or pharmacist if your prescription can be filled with an equivalent generic medication if you are interested in requesting a generic.
What is Accredo?	Accredo is a specialty pharmacy that helps people with complex and rare conditions manage their treatment. They support patients from getting started through ongoing therapy.

RxBenefits

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Pharmacy

RxBenefits

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Chat: Live Agent at via member portal at Member.RxBenefits.com

Additional Frequently Asked Questions

Can my prescription be switched to a drug with a lower copayment?	If your prescriber prescribes a brand-name drug, you can ask them about switching to a lower-cost alternatives. You can also select lower-cost options from your PBM's website, where you manage your current prescriptions, along with information you can use to discuss switching your prescription with your prescriber.
How do I order medications using home delivery?	With home delivery you can safely and conveniently have your prescriptions delivered to your home, office, or location of your choosing. It may cost less than using a retail pharmacy and can help ensure you don't miss a dose. Simply ask your prescriber to send your prescription to your PBM's mail-order pharmacy.
How do I access my RxBenefits member portal?	The My RxBenefits member portal gives you 24/7 online access to your account information, ID card, and prescription details. Register for the portal by visiting RxBenefits.com and clicking on "Member Portal."  Member Portal Overview Video
If my coverage is with Express Scripts, why do I need to call RxBenefits?	Your benefits are being provided by Express Scripts, but RxBenefits administers the services for a more personal approach and enhanced service. You should contact RxBenefits for any pharmacy-related questions.
What happens if my questions require contact with Express Scripts?	RxBenefits Member Services representatives have access to the Express Scripts systems. If RxBenefits needs to contact Express Scripts to resolve an issue, they will stay on the line, explain the issue, and continue to monitor your problem until it is resolved.

Pharmacy

Contact Information

RxBenefits + EXPRESS SCRIPTS

Access your pharmacy benefits information 24/7 from any device by registering on the My RxBenefits member portal at Member.RxBenefits.com. Please refer to page 18 of the benefit guide.

Once registered, you can view and download your ID card, set up your communication preferences, access real-time prior authorization status, and up to 18 months of PA and claims history, chat with a live agent, and etc.
To best navigate your pharmacy needs, please refer to the chart below:

Carrier	Function	Contact information
Express Scripts (ESI)	Pharmacy Benefits Manager	800.282.2881 https://www.express-scripts.com/login
Express Scripts (ESI)	Home Delivery (90-Day Supply)	Your provider can call the ESI Home Delivery at 877.834.4441
Accredo	Specialty Medications Services	877.895.9697 www.accredo.com
RxBenefits	Member Services (Monday-Friday, 7 AM to 8 PM Central)	800.334.8134, customercare@rxbenefits.com, or live chat via the RxBenefits Member Portal
RxBenefits	Prior Authorization Process	Go to your RxBenefits Portal to submit a prior authorization request or call 888-608-8851
Rx Benefits	Access digital ID cards, view 18 months of pharmacy claims, and view pharmacy benefits coverage information	Member.rxbenefits.com

Dental

- Login to your benefits portal
- How to find a provider > Select PDP Plus Option

MetLife

Questions?
Call at 1-800-275-4638

FAES FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES + MetLife

Dental Benefit

The MetLife Dental Plan offers comprehensive in-network and out-of-network benefits.

In-network refers to the benefits provided under this program for covered dental services that are provided by a participating dentist.

Out-of-network benefits refer to benefits provided under this program for covered dental services that are not provided by a participating dentist.

How to find a provider?
To find a dentist provider, click the link on the left 'How to find a provider..” and select 'Find a Dentist.' Under choose your network, select the PDP Plus Option and enter your zipcode.

Please see the back of your Luminare ID Card for your MetLife Dental PDP Plus Plan group number and contact information.

Please note - *If you go out-of-network your dentist can balance bill you up to their charges. MetLife will only pay up to their allowed fee. It is recommended that you speak to your providers billing office about their balance billing processes prior to having any services rendered.*

Please refer to page 26 of the benefit guide.

Progyny

progyny

Questions?
Call at (888) 510-1489

FAES FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES + progyny

Pregnancy & Post-Pregnancy Benefit

Who is Progyny?
Progyny offers comprehensive resources for pregnancy and postpartum support. Please refer to page 25 of the benefit guide.

How does it work?
You can receive ongoing 1-1 support from a dedicated Progyny Care Advocate (PCA) and gain access to exclusive resources regarding your pregnancy journey. This includes personalized coaching and digital tools at no cost.

How do I know if I am eligible for the Progyny benefit?
If you are enrolled in the FAES health plan you and your covered spouse have access to Progyny at no additional cost to you. You can also call Progyny at **(888) 510-1489** to confirm your eligibility and learn more.

To get started, call Progyny at (888) 510-1489. You'll be directed to a Progyny Care Advocate (PCA) who will confirm your eligibility, discuss your coverage, answer any questions you may have, and provide access to the Progyny app. Or visit progyny.com/benefits.

Please refer to page 25 of the benefit guide.

More Resources

Additional Resources

More Resources

Contact List

Carrier	Contact information
Luminare Health	1-888-270-2044 myLuminareHealth.com
Aetna Provider Search	Aetna Signature Administration: www.aetna.com/ASA
RxBenefits - Members	1-800-334-8134 https://member.rxbenefits.com
Express Scripts	1-800-282-2881 https://www.express-scripts.com/login
Express Scripts - Accredo	1-877-895-9697 www.accredo.com
MetLife	1-800-275-4638 www.metlife.com / MetOnline - Common Access
Progyny	1-888-510-1489 www.progyny.com/benefits