

Welcome to Southern Scripts!

As a Penn Medicine LGH employee with covered prescription drug benefits, your prescription drug benefit will transition to Southern Scripts effective July 1, 2023.

*Benefits below are only applicable to prescriptions filled at an LG Health Convenience Pharmacy.
For additional information regarding prescription drug benefits email: lgh-benefits@penmedicine.upenn.edu

PROCESSING INFORMATION

Group Number: LGHRX4U
Cardholder ID: Reference Member ID Card
Bin Number: 015433
PCN: SSN (Southern Scripts Network, not social security number)
PBM: Southern Scripts

*Your processing information is also available on your ID card

(800) 820-1017 | support@southernscripts.net | southernscripts.net

WHAT'S COVERED

The drug formulary is your official list of all drugs covered by your prescription plan. To access your formulary and learn more about your coverage, please follow the steps below:

1. Visit southernscripts.net/members
2. Select **Find Your Member Page** on the left navigation
3. Enter your **Group Number** (found on your insurance/Rx card)
4. Select **View Member Page**
5. Under **Search For Medications**, type the name of your medication and click **Search**

30-Day Supply	LG Health Convenience Pharmacy (You Pay)	
	LG Consumer	LG Select
Generic • Hypertension prescriptions • Hyperlipidemia prescriptions	\$5 (after deductible) No Cost to You No Cost to You	\$5 No Cost to You No Cost to You
Brand Preferred	\$15 (after deductible)	\$15
Brand Non-Preferred	\$30 (after deductible)	\$30
30-Day Specialty Medication	No Cost to You (after deductible)	No Cost to You
90-Day Supply	LG Health Convenience Pharmacy (You Pay)	
	LG Consumer	LG Select
Generic • Hypertension prescriptions • Hyperlipidemia prescriptions	\$10 (after deductible) No Cost to You No Cost to You	\$10 No Cost to You No Cost to You
Brand Preferred	\$30 (after deductible)	\$30
Brand Non-Preferred	\$60 (after deductible)	\$60

Plan Deductible and Out-of-Pocket Amounts at LG Health Convenience Pharmacies	
LG Consumer Plan Annual Deductible - Embedded	
Individual Only	\$2,000
Family - Per Family Member	\$3,000
Family - Total	\$4,000
LG Consumer Plan Annual Maximum Out-of-Pocket - Embedded	\$4,000 Individual / \$8,000 Family
LG Select Plan Annual Deductible	N/A
LG Select Plan Annual Maximum Out-of-Pocket- Embedded	\$1,500 Individual / \$3,000 Family

*Copays apply to both LG Consumer and LG Select Plans

*LG Consumer co-payments are applicable after annual deductible (Individual and/or Family, if applicable) has been satisfied. After one of your enrolled family members have met a deductible amount of \$3,000 or more, one or more family members are only required to meet an additional accrued deductible amount of \$1,000. These two amounts - \$3,000 and \$1,000 - equate to the overall LG Consumer family deductible of \$4,000.

*All prescription drug co-pays and co-insurances are attributable to annual out-of-pocket limits in the employee's selected Health Insurance Plan.

*If you refuse a generic equivalent when both the physician allows it and one exists, the difference between the generic co-pay and the brand name medication will be charged.

