

YOUR PRESCRIPTION DRUG PLAN

Description of Benefits

**For questions about any of the information in this Description of Benefits,
please contact Express Scripts at 855-283-7679.**

Administered by



Prescription Drug Plan

Express Scripts is the pharmacy benefit manager for your prescription drug benefit plan. The Express Scripts pharmacy network includes major chain pharmacies nationwide, many independent pharmacies, a mail order pharmacy and a specialty drug pharmacy.

If you have any questions about your prescription drug benefits, contact Express Scripts Member Services toll free at 855-283-7679.

About Your Plan

Prescription medications are covered by the plan only if they have been approved by the U.S. Food and Drug Administration (FDA). In addition, with the exception of the over-the-counter versions of preventive drugs, medications are covered only if a prescription is required for their dispensing. Diabetes supplies and insulin are also covered by the plan.

The plan categorizes medications into seven major categories:

Generic Drugs

Generic versions of brand medications contain the same active ingredients as their brand counterparts, thus offering the same clinical value. The FDA requires generic drugs to be just as strong, pure and stable as brand-name drugs. They must also be of the same quality and manufactured to the same rigorous standards. These requirements help to assure that generic drugs are as safe and effective as brand-name drugs.

Maintenance Drug

A maintenance drug is a medication taken on a regular basis for chronic conditions such as asthma, diabetes, high blood pressure or high cholesterol.

Non-Preferred Brand-Name Drug

A non-preferred drug is a medication that usually has an alternative, therapeutically equivalent drug available on the formulary.

Preferred Brand-Name Drug

A preferred brand-name drug, also known as a formulary drug, is a medication that has been reviewed and approved by a group of physicians and pharmacists, and has been selected by Express Scripts for formulary inclusion based on its proven clinical and cost effectiveness.

Preventive Drugs

Preventive drugs consist primarily of drugs recommended for coverage by the U.S. Preventive Services Task Force, and as specified by the federal Patient Protection and Affordable Care Act. See “Preventive Drugs” on page 7 for more information.

Specialty Drugs

Specialty drugs are usually injectable and non-injectable biotech or biological drugs with one or more of several key characteristics, including:

- ❑ Potential for frequent dosing adjustments and intensive clinical monitoring
- ❑ Need for intensive patient training and compliance for effective treatment
- ❑ Limited or exclusive product distribution
- ❑ Specialized product handling and/or administration requirements

Over-the-Counter (OTC) Drugs

Over-the-counter drugs are medications that do not require a prescription. Your plan does not provide benefits for OTC drugs, with the exception of preventive drugs (all of which are covered only if dispensed with a written prescription).

Copayments and Deductible

One of the ways your plan maintains coverage of quality, cost-effective medications is a multi-tier copayment pharmacy benefit: Tier 1 (generic drugs), Tier 2 (preferred brand-name drugs), Tier 3 (non-preferred brand-name drugs), or drugs which require no copayments. The following charts show your deductible and copayment based on the type of prescription you fill and where you get it filled.

Table 1. Deductible for Prescription Drugs

Deductible (fiscal year July through June)	
For an individual	\$100 for one person
For a family	\$200 for the entire family No more than \$100 per person will be applied to the family deductible. Multiple family members can satisfy the family deductible.

Table 2. Copayments for Prescription Drugs

Copayment for	Participating Retail Pharmacy up to 30-day supply	Mail Order or CVS Pharmacy up to 90-day supply
Tier 1 – Generic Drugs	\$10	\$25
Tier 2 – Preferred Brand-Name Drugs	\$30	\$75
Tier 3 – Non-Preferred Drugs	\$65	\$165
Other <ul style="list-style-type: none">▪ Orally-administered anti-cancer drugs▪ Generic drugs to treat opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products)▪ Preventive drugs: Refer to the “Preventive Drugs” section below for detailed information	\$0 Deductible does not apply	\$0 Deductible does not apply

Table 2. Copayments for Prescription Drugs (continued)

Copayment for	Specialty drugs must be filled only through Accredo, a specialty pharmacy.
Specialty Drugs: Tier 1	\$10 per 30-day supply
Specialty Drugs: Tier 2	\$30 per 30-day supply
Specialty Drugs: Tier 3	\$65 per 30-day supply
Orally-administered anti-cancer specialty drugs	\$0 per 30-day supply

Specialty medications may be dispensed up to a 30-day supply; some exceptions may apply.

Out-of-Pocket Limit

This plan has an out-of-pocket limit that is combined with your medical and behavioral health out-of-pocket limit. Deductibles and copayments you pay for prescription drugs during the year count toward this limit. Once you reach the limit, your prescription drugs are covered at 100%. Payments for a brand drug when there is an exact generic equivalent and for drugs not covered by the plan do not count toward the out-of-pocket limit

Table 3. Out-of-Pocket Limit

Individual	\$5,000
Family	\$10,000

How to Use the Plan

After you first enroll in the plan, Express Scripts will send you a welcome packet and Express Scripts Prescription Card(s). Your Prescription Card(s) will be mailed to you with ID cards for you and your dependents (if any) along with a booklet that includes a prescription drug benefit overview, drug list and a mail order claim form.

Show your new Prescription Card to your pharmacy so they can correctly process your prescription drug benefits.

Register at express-scripts.com. As a registered user, you can check drug costs, order mail order refills, and review your prescription drug history. You can access this site 24 hours a day.

Filling Your Prescriptions

You may fill your prescriptions for non-specialty drugs at any participating retail pharmacy, or through mail order from the Express Scripts PharmacySM. Prescriptions for specialty drugs must be filled as described in the “Accredo, an Express Scripts Specialty Pharmacy” subsection.

To obtain benefits at a retail pharmacy, you must fill your prescription at a participating pharmacy using your Express Scripts Prescription Card, with the exception of the limited circumstances detailed in the “Claim Forms” subsection.

Short-Term Medications – Up to 30 Days

Filling Your Prescriptions at a Participating Retail Pharmacy

The retail pharmacy is your most convenient option when you are filling a prescription for a short-term prescription that you need immediately (for example, antibiotics for strep throat or painkillers for an injury). Simply present your Express Scripts Prescription Card to your pharmacist, along with your written prescription, and pay the required copayment. Prescriptions filled at a non-participating retail pharmacy are not covered.

You can locate the nearest participating retail pharmacy anytime online after registering at express-scripts.com or by calling toll free at 855-283-7679.

If you do not have your Prescription Card the pharmacist can also verify eligibility by contacting the Express Scripts Pharmacy Help Desk at 800-922-1557; TDD: 800-922-1557.

Maintenance Medications – Up to 30 Days

After you fill two 30-day supplies of a maintenance medication at a retail pharmacy, you will receive a letter from Express Scripts explaining how you may convert your prescription to a 90-day supply to be filled either through mail order or at a CVS Pharmacy. You will receive coverage for additional fills of that medication only if you convert your prescription to a 90-day supply to be filled either through mail order or at a CVS Pharmacy, or if you inform Express Scripts that you instead prefer to continue to receive 30-day supplies at a participating retail pharmacy.

Express Scripts will assist you in transitioning your maintenance prescription to either mail order or a CVS Pharmacy location.

Maintenance Medications – Up to 90 Days

Filling 90-day Prescriptions Through the Express Scripts Pharmacy or CVS Pharmacy

You have the choice and convenience of filling maintenance prescriptions for up to a 90-day supply at the mail order copayment, either through the Express Scripts Pharmacy or at a CVS Pharmacy.

The Express Scripts Pharmacy is a convenient option for prescription drugs that you take on a regular basis for conditions such as asthma, diabetes, high blood pressure and high cholesterol. Your prescriptions are filled and conveniently sent to you in a plain, weather-resistant pouch for privacy and protection. They are delivered directly to your home or to another location that you prefer.

CVS Pharmacy is another option for getting your 90-day maintenance medications for the same copayment amount as mail order. Prescriptions can be filled at a CVS Pharmacy locations across the country.

Convenient for You

You get up to a 90-day supply of your maintenance medications – which means fewer refills and fewer visits to your pharmacy, as well as lower copayments. Once you begin using mail order, you can order refills online or by phone, or you can use your local CVS Pharmacy.

Using Mail Order from the Express Scripts Pharmacy

To begin using mail order for your prescriptions, just follow these three simple steps:

1. Ask your physician to write a prescription for up to a 90-day supply of your maintenance medication plus refills for up to one year, if appropriate. (Remember also to ask for a second prescription for an initial 30-day supply and take it to your local participating retail pharmacy.)
2. Complete a mail order form (contained in your Welcome Kit or found online after registering at express-scripts.com). Or call Express Scripts Member Services toll free at 855-283-7679 to request the form.
3. Put your prescription and completed order form into the return envelope (provided with the order form) and mail it to the Express Scripts Pharmacy.

Please allow 7-10 business days for delivery from the time your order is mailed. A pharmacist is available 24 hours a day to answer your questions about your medication.

If the Express Scripts Pharmacy is unable to fill a prescription because of a shortage of the medication, you will be notified of the delay in filling the prescription. You may then fill the prescription at a retail pharmacy, but the retail pharmacy copayment will apply.

Accredo, an Express Scripts Specialty Pharmacy

Accredo is a full-service specialty pharmacy that provides personalized care to each patient and serves a wide range of patient populations, including those with hemophilia, hepatitis, cancer, multiple sclerosis and rheumatoid arthritis.

You will be required to fill your specialty medications at Accredo. This means that your prescriptions can be sent to your home or your doctor's office.

Specialty medications may be filled only at a maximum of a 30-day supply; some exceptions may apply. Many specialty medications are subject to a clinical review by Express Scripts to ensure the medications are being prescribed appropriately.

Accredo offers a complete range of services and specialty drugs. Your specialty drugs are quickly delivered to any approved location, at no additional charge. We ship to all 50 states using one of our preferred expedited carriers. We can also ship to a variety of alternate addresses, including physician's offices or to another family member's address. We do not ship to P.O. Boxes.

You have toll-free access to expert clinical staff who are available to answer all of your specialty drug questions. Accredo will provide you with ongoing refill reminders before you run out of your medications.

To begin receiving your specialty drugs through Accredo, call toll free at 877-895-9697.

Accredo Pharmacy Services

- ❑ **Patient Counseling** – Convenient access to pharmacists and nurses who are specialty medication experts
- ❑ **Patient Education** – Educational materials
- ❑ **Convenient Delivery** – Coordinated delivery to your home, your doctor’s office, or other approved location
- ❑ **Refill Reminders** – Ongoing refill reminders from Accredo
- ❑ **Language Assistance** – Language-interpreting services are provided for non-English speaking patients

Claim Forms

Retail purchases out of the country, or purchases at a participating retail pharmacy without the use of your Express Scripts Prescription Card, are covered as follows:

Table 4. Claims Reimbursement

Type of Claim	Reimbursement
Claims for purchases at a participating (in-network) pharmacy without a Express Scripts Prescription Card.	Claims incurred within 30 days of the member’s eligibility effective date will be covered at full cost, less the applicable copayment. -or- Claims incurred more than 30 days after the member’s eligibility effective date will be reimbursed at a discounted cost, less the applicable copayment.

Claim forms are available to registered users on express-scripts.com or by calling 855-283-7679.

Other Plan Provisions

Preventive Drugs

Coverage will be provided for the following drugs:¹

Preventive Drugs	
Aspirin	Generic OTC aspirin ≤ 325mg when prescribed for adults less than 70 years of age for the prevention of heart attack or stroke and to help prevent illness and death from preeclampsia for females who are at high risk for the condition.
Bowel preparation medications	Generic and brand (Rx and OTC) products for adults ages 50 to 75 years old. Limited to 2 prescriptions at \$0 copay each year.

¹ This list is subject to change during the year. Call Express Scripts toll free at 855-283-7679 to check if your drugs are included in the program.

Preventive Drugs

Contraceptives	Generic and brand versions of contraceptive drugs and devices, and OTC contraceptive products, when prescribed for women less than 50 years old.
Folic acid supplements	Generic OTC and Rx versions (0.4mg – 0.8mg strengths only) when prescribed for women under the age of 51.
Immunization vaccines	Generic or brand versions prescribed for children or adults.
Oral fluoride supplements	Generic and brand supplements prescribed for children 6 months through five years of age for the prevention of dental caries.
Breast cancer	Generic prescriptions for raloxifene or tamoxifen are covered for the primary prevention of breast cancer for females who are at increased risk, age 35 years and older.
Tobacco cessation	All FDA-approved smoking cessation products prescribed for adults, age 18 and older.
Vitamin D supplements	Generic OTC and Rx vitamin D products for adults ≥ 65 years old.
Statins	Generic-only, single-entity, low-to-moderate dose statin agents for adults 40 to 75 years old.

Call Express Scripts at 855-283-7679 for additional coverage information on specific preventive drugs.

Brand-Name Drugs with Exact Generic Equivalents

The plan encourages the use of generic drugs. There are many brand-name drugs, such as Lipitor[®], Ambien[®] and Fosamax[®], for which exact generic equivalents are available. If you fill a prescription for a brand-name medication for which there is an exact generic equivalent, the standard brand copayment will not apply. Instead, you will be responsible for the full difference in price between the brand-name drug and the generic drug, plus the generic copayment. This amount does not count towards the out-of-pocket limit. Exceptions to this provision may apply to certain brand-name preventive drugs; contact Express Scripts for additional information.

Prescription Drugs with Over-the-Counter (OTC) Equivalents

Some prescription drugs have over-the-counter (OTC) equivalent products available. These OTC products have strengths, active chemical ingredients, routes of administration and dosage forms identical to the prescription drug products. Your plan does not provide benefits for prescription drugs with OTC equivalents. This provision is not applicable to preventive drugs.

Some prescription drugs also have OTC product alternatives available. These OTC products, though not identical, are very similar to the prescription drugs. Your plan does not provide benefits for prescription drugs when OTC equivalents are available. This provision is not applicable to preventive drugs.

Prior Authorization

Some drugs in your plan require prior authorization. Prior authorization ensures that you are receiving the appropriate drug for the treatment of a specific condition, in quantities approved by the FDA. For select drugs, prior authorization also includes a medical necessity review that

ensures the use of less expensive first-line formulary prescription drugs before the plan will pay for more expensive prescription drugs. First-line formulary prescription drugs are safe and effective medications used for the treatment of medical conditions or diseases.

If a drug that you take requires prior authorization, your physician will need to contact Express Scripts to see if the prescription meets the plan's conditions for coverage. If you are prescribed a drug that requires prior authorization, your physician should call Express Scripts at 800-417-1764.

Table 5. Current Examples of Drugs Requiring Prior Authorization for Specific Conditions²

Drug Class	Products Requiring Prior Authorization (PA)
Acne	Tazorac®/Fabior®
	Topical tretinoin products (Retin-A®, Retin-A Micro® - Ortho; Avita® - Bertek Pharmaceuticals; Tretin-X™ - Triax; Atralin™ gel - Coria; other generic - various manufacturers) and clindamycin phosphate 1.2% and tretinoin 0.025% gel, Ziana® - Medicis; Veltin® - Stiefel. <i>PA required only in adults age 36 and older.</i>
	Topical tazarotene products (<i>Tazorac® 0.05% and 0.1% cream, gel - Allergan; Fabior® 0.1% foam - Stiefel</i>)
Testosterone	(Aveed®, Depo®-Testosterone [testosterone cypionate injection, generics], Delatestryl® [testosterone enanthate injection, generics], Testopel® [testosterone pellet])
	(Androderm®, AndroGel®, Axiron®, Fortesta®, Natesto®, Striant®, Testim®, Vogelxo™)
Glaucoma	Lumigan®, Xalatan® [generics], Travatan®, Travatan Z®, Zioptan®
Compounded Medications*	Select medications <i>* A compounded medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.</i>
Diabetes	GLP-1 agonists (Byetta®, Bydureon®, Trulicity®, Victoza®)
	Symlyn®
Rosacea	Mirvaso®, Rhofade™ cream
Narcolepsy	Provigil®, Nuvigil®, Xyrem®
Nutritional Supplements	Nonprescription enteral formulas for home use for which a physician has issued a written order and which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids
Pain	Oral-intranasal fentanyl (Abstral®, Actiq®, Fentora®, Lazanda®, Onsolis®, Subsys®)
	Lidoderm®
Testosterone Products	Injectable, oral, topical/buccal/nasal products (AndroGel®, Androderm®, Axiron®, Delatestryl®, Depo®-Testosterone, Fortesta®, methyltestosterone, Natesto®, Striant®, Testim®, testosterone cream, testosterone ointment, testosterone powder, Vogelxo® topical gel)

² This list is not all-inclusive and is subject to change during the year. Call Express Scripts toll free at 855-283-7679 to check if your drugs are included in the program.

Weight Management	Adipex® [phentermine], Bontril® [phendimetrazine], Contrave® [bupropion; naltrexone], Didrex® [benzphetamine], Sanorex® [mazindol], Suprenza™ [phentermine], Tenuate® [diethylpropion], Xenical® [orlistat], Belviq®, Qsymia®, Saxenda®
Dry Eyes	Restasis®, Xiidra®

Table 6. Current Examples of Top Drug Classes that May Require Prior Authorization for Medical Necessity¹

Dermatological Agents	Insulins
Diabetic Supplies	Nasal Steroids
Epinephrine Auto-Injector Systems	Ophthalmic Agents
Erectile Dysfunction Oral Agents	Opioid Analgesics
Erythropoiesis-Stimulating Agents	Opioid Dependence Agents
Glaucoma	Osteoarthritis - Hyaluronic Acid Derivatives
Growth Hormones	Osteoporosis Therapy
Hepatitis C Agents	Proton Pump Inhibitors

Select drugs within these classes require prior authorization for medical necessity to ensure formulary alternative(s) within the class have been tried. If you are a registered user on express-scripts.com, refer to the National Preferred Formulary or call Express Scripts toll free at 855-283-7679 for additional information.

Quantity Dispensing Limits

To promote member safety and appropriate and cost-effective use of medications, your prescription plan includes a drug quantity management program. This means that for certain prescription drugs, there are limits on the quantity of the drug that you may receive at one time.

Quantity per dispensing limits are based on the following:

- FDA-approved product labeling
- Common usage for episodic or intermittent treatment
- Nationally accepted clinical practice guidelines
- Peer-reviewed medical literature
- As otherwise determined by the plan

Examples of drugs with quantity limits currently include Cialis®, Imitrex®, and lidocaine ointment.¹

Drug Utilization Review Program

Each prescription drug purchased through this plan is subject to utilization review. This process evaluates the prescribed drug to determine if any of the following conditions exist:

- Adverse drug-to-drug interaction with another drug purchased through the plan;

¹ This list is subject to change during the year. Call Express Scripts toll free at 855-283-7679 to check if your drugs are included in the program.

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- ❑ Duplicate prescriptions;
 - ❑ Inappropriate dosage and quantity; or
 - ❑ Too-early refill of a prescription.

If any of the above conditions exist, medical necessity must be determined before the prescription drug can be filled.

Exclusions

Benefits exclude:¹

- Dental preparations (e.g., topical fluoride, Arestin[®]), with the exception of oral fluoride
- Over-the-counter drugs, vitamins or minerals (with the exception of diabetic supplies and preventive drugs)
- Homeopathic drugs
- Prescription products for cosmetic purposes such as photo-aged skin products and skin depigmentation products
- Medications in unit dose packaging
- Impotence medications for members under the age of 18
- Injectable allergens
- Hair growth agents
- Special medical formulas and medical food products, except as required by state law
- Compounded medications-some exclusions apply-.examples include-Bulk powders, bulk chemicals, and proprietary bases used in compounded medications
- Drugs administered intrathecally, by or under the direction of health care professionals and recommended to be administered under sedation

Definitions

Brand-Name Drug – The brand name is the trade name under which the product is advertised and sold, and during a period of patent protection it can only be produced by one manufacturer. Once a patent expires, other companies may manufacture a generic equivalent, providing they follow stringent FDA regulations for safety.

Compounded Medication – A compounded medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. At least one of the ingredients must be a medication that can only be dispensed with a written prescription.

Copayment – A copayment is the amount that members pay for covered prescriptions. If the plan's contracted cost for a medication is less than the applicable copayment, the member pays only the lesser amount.

Deductible – A deductible is the dollar amount you must pay during a plan year before the copayments for covered prescriptions apply.

Diabetes Supplies – Diabetic supplies include needles, syringes, test strips, lancets and blood glucose monitors.

FDA – The U.S. Food and Drug Administration.

Formulary – A formulary is a list of recommended prescription medications that is created, reviewed and continually updated by a team of physicians and pharmacists. The Express Scripts National Preferred Formulary contains a wide range of generic and preferred brand-name products that have been approved by the FDA. The formulary applies to medications that are dispensed in either the retail pharmacy or mail-order settings. The formulary is developed and maintained by Express Scripts. Formulary designations may change as new clinical information becomes available.

Generic Drugs – Generic versions of brand medications contain the same active ingredients as their brand counterparts, thus offering the same clinical value. The FDA requires generic drugs to be just as strong, pure and stable as brand-name drugs. They must also be of the same quality and manufactured to the same rigorous standards. These requirements assure that generic drugs are as safe and effective as brand-name drugs.

Maintenance Drug – A maintenance drug is a medication taken on a regular basis for conditions such as asthma, diabetes, high blood pressure or high cholesterol.

Non-Preferred Drug – A non-preferred drug is a medication that has been reviewed by Express Scripts, which determined that an alternative drug that is clinically equivalent and more cost-effective may be available.

Out-of-Pocket Limit – The out-of-pocket limit is the most you could pay in copayments during the year for prescription drugs that are covered by Express Scripts. Once you reach this limit, you will have no more copayments for covered drugs. Payments for a brand drug when there is an exact generic equivalent and for drugs not covered by the plan do not count toward the out-of-pocket limit.

Over-the-Counter (OTC) Drugs – Over-the-counter drugs are medications that do not require a prescription. Your plan does not provide benefits for OTC drugs, with the exception of preventive drugs (all of which are covered only if dispensed with a written prescription).

Participating Pharmacy – A participating pharmacy is a pharmacy in the Express Scripts nationwide network. All major pharmacy chains and most independently-owned pharmacies participate.

Preferred Brand-Name Drug – A preferred brand-name drug, also known as a formulary drug, is a medication that has been reviewed and approved by a group of physicians and pharmacists, and has been selected by Express Scripts for formulary inclusion based on its proven clinical and cost effectiveness.

Prescription Drug – A prescription drug means any and all drugs which, under federal law, are required, prior to being dispensed or delivered, to be labeled with the statement “Caution: Federal Law prohibits dispensing without prescription,” or a drug which is required by any applicable federal or state law or regulation to be dispensed pursuant only to a prescription drug order.

Preventive Drugs – Preventive drugs consist primarily of drugs recommended for coverage by the U.S. Preventive Services Task Force, and as specified by the federal Patient Protection and Affordable Care Act.

Prior Authorization – Prior authorization means determination that a drug is appropriate for treatment of a specific condition. It may also mean determination of medical necessity. It is required before prescriptions for certain drugs will be paid for by the plan.

Special Medical Formulas or Food Products – Special medical formulas or food products means nonprescription enteral formulas for home use for which a physician has issued a written order and which are medically necessary for the treatment of malabsorption caused by Crohn’s disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids. These products require prior authorization to determine medical necessity.

To access the benefit for special medical formulas or food products, call the Group Insurance Commission at 617-727-2310, extension 1.

Specialty Drugs – Specialty drugs are usually injectable and non-injectable biotech or biological drugs with one or more of several key characteristics, including:

- Requirement for frequent dosing adjustments and intensive clinical monitoring
- Need for intensive patient training and compliance for effective treatment
- Limited or exclusive product distribution
- Specialized product handling and/or administration requirements

Member Appeals

Express Scripts has processes to address:

- Inquiries concerning your drug coverage
- Appeals:
 - Internal Member Appeals
 - Expedited Appeals
 - External Review Appeals

All appeals should be sent to Express Scripts at the following address:

Complete the form and fax it to 877.328.9660 or mail to:

Express Scripts

Attn: Benefit Coverage Review Department

P.O. Box 66587

St Louis, MO 63166-6587

All calls should be directed to Express Scripts Member Services at 855-283-7679

To request an initial administrative coverage review, the member or his or her representative must submit the request in writing using a Benefit Coverage Request Form, which can be obtained by calling the Member Services phone number on the back of the prescription card.

Internal Inquiry

Call Express Scripts Member Services to discuss concerns you may have regarding your prescription drug coverage. Every effort will be made to resolve your concerns. If your concerns cannot be resolved or if you tell a Member Services representative you are not satisfied with the response you have received, Member Services will notify you of any options you may have, including the right to have your inquiry processed as an appeal. Member Services will also provide you with the steps you and your doctor must follow to submit an appeal.

Internal Member Appeals

Requests for coverage that were denied as specifically excluded in this member handbook or for coverage that was denied based on medical necessity determinations are reviewed as appeals through the Express Scripts Internal Appeals Process. You may file an appeal request yourself or you may designate someone to act on your behalf in writing. You have 180 days from the date you were notified of the denial of benefit coverage or prescription drug claim payment to file your appeal. To request an initial administrative coverage review, the member or his or her representative must submit the request in writing using a Benefit Coverage Request Form, which can be obtained by calling the Customer Service phone number on the back of the prescription card.

1. You must submit a written appeal to the address listed above. Your letter should include:
 - Your complete name and address;
 - Your Express Scripts ID number;
 - Your date of birth;
 - A detailed description of your concern, including the drug name(s) being requested; and
 - Copies of any supporting documentation, records or other information relating to the request for appeal
2. The Express Scripts Appeals Department will review appeals concerning specific prescription drug benefit provisions, plan rules, and exclusions and make determinations. If you are not satisfied with an Appeals Department denial related to a plan rule or exclusion (i.e., non-medical necessity appeal), you may have the right to request an independent External Review of the decision (refer to the “External Review Appeals” section for details on this process).

For denials related to a medical necessity determination, you have the right to an additional review by Express Scripts. Express Scripts will request this review from an independent practitioner in the same or in a similar specialty that typically manages the medical condition for which the prescription drug has been prescribed. If the second review is an adverse determination, you have the right to request an External Review of this decision (refer to the “External Review Appeals” section for details on this process).

3. For an appeal on a prescription drug that has not been dispensed, an Appeals Analyst will notify you in writing of the decision within no more than fifteen calendar days of the receipt of an appeal. For an appeal on a prescription drug already dispensed, an Appeals Analyst will notify you in writing of the decision within no more than thirty calendar days of the receipt of an appeal.
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A copy of the decision letter will be sent to you and your physician. A determination of denial will set forth:

- Express Scripts understanding of the request;
- The reason(s) for the denial;
- Reference to the contract provisions on which the denial is based; and
- A clinical rationale for the denial, if the appeal involves a medical necessity determination.

Express Scripts maintains records of each inquiry made by a member or by that member's designated representative.

Express Scripts recognizes that there are circumstances that require a quicker turnaround than allotted for the standard Appeals Process. Express Scripts will expedite an appeal when a delay in treatment would seriously jeopardize your life and health or jeopardize your ability to regain maximum function. If your request does not meet the guidelines for an expedited appeal, Express Scripts will explain your right to use the standard appeals process.

If your request meets the guidelines for an expedited appeal, it will be reviewed by a practitioner in the same or in a similar specialty that typically manages the medical condition for which the prescription drug has been prescribed. Express Scripts will notify you of its decision by telephone no later than 72 hours after Express Scripts' receipt of the request.

If the patient or provider believes the patient's situation is urgent, the provider must request the expedited review by phone at 800.753.2851.

External Review Appeals

In most cases, if you do not agree with the Appeals decision, you or your authorized representative have the right to request an independent, external review of the decision. Should you choose to do so, send your request within four months of your receipt of the written notice of the denial of your appeal to:

To submit an external review, the request must be mailed or faxed to MCMC, LLC, an independent third party utilization management company, at:

MCMC LLC

Attn: Express Scripts Appeal Program 300 Crown Colony Drive, Suite 203

Quincy, MA 02169-0929

617.375.7700, ext. 28253

617.375.7683

In some cases, members may have the right to an expedited external review. An expedited external review may be appropriate in urgent situations. Generally, an urgent situation is one in which your health may be in serious jeopardy, or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. The request must be received within 4 months of the date of the final internal adverse benefit determination (If the date that is 4 months from that date is a Saturday, Sunday or holiday, the deadline will be the next business day. For urgent external appeals urgent external review, the IRO will review the claim within 72 hours from receipt of the request and will send the claimant written notice of its decision.

If you request an external review, an independent organization will review the decision and provide you with a written determination. If this organization decides to overturn the Appeals decision, the service or supply will be covered under the plan.

If you have questions or need help submitting an appeal, please call Customer Care for assistance at 855-283-7679

Health and Prescription Information

GIC authorizes health and prescription information about members be used by Express Scripts to administer benefits. As part of the administration, Express Scripts may report health and prescription information to the administrator or sponsor of the benefit plan. Express Scripts also uses that information and prescription data gathered from claims nationwide for reporting and analysis without identifying individual members.