PRESCRIPTION DRUG BENEFITS ADDENDUM

TYPES OF PROVIDERS

Participating and Non-Participating Pharmacies. "Participating Pharmacies" agree to charge only the prescription drug maximum allowed amount to fill the prescription. You pay only your cost sharing amount.

Prescriptions filled at "Non-Participating Pharmacies" will not be covered by the prescription drug benefit, and you will be responsible for 100% of the drug cost.

PRESCRIPTION DRUG BENEFITS PRESCRIPTION DRUG DEDUCTIBLES

Calendar Year Deductible*

- Member Prescription Only Deductible..... **$100**

***Exceptions:** The Calendar Year Deductible does not apply to:

- Preventive prescription drugs as outlined under the Patient Protection and Affordable Care Act (ACA) will be covered at no cost to eligible members.

PRESCRIPTION DRUG CO-PAYMENTS

The following co-payments apply for each *prescription* after you have met your Prescription Drug Deductible, if applicable:

Retail Pharmacies:

PPO and Rx Only Plans

Participating Pharmacies - 30 Day Supply

- *Generic Drugs* **$15**
- *Brand Name Drugs* **$30**
- *Compound medications* **$30**

Participating Pharmacies - 90 Day Supply

- *Generic Drugs* **$45**
- *Brand Name Drugs* **$90**
- *Compound medications* **$90**

Dual Coverage Plan

Participating Pharmacies - 30 Day Supply

- *Generic Drugs* **$0**
- *Brand Name Drugs* **$0**
- *Compound medications* **$0**

Participating Pharmacies - 90 Day Supply

- *Generic Drugs* **$0**
- *Brand Name Drugs* **$0**
- *Compound medications* **$0**

Home Delivery Prescriptions: The following co-payments apply for a 90-day supply of medication.

PPO and Rx Only Plans

- *Generic Drugs* **$30**
- *Brand Name Drugs* **$60**

Dual Coverage Plan

- *Generic Drugs* **$0**
- *Brand Name Drugs* **$0**

Specialty Pharmacy Drug Prescriptions:

Please see specialty drug coverage information under Prescription Drug Services and Supplies That Are Not Covered.

***Important Note About *Prescription Drug Covered Expense* and Your Co-Payment.**

- The *prescription drug formulary* is a list of outpatient *prescription drugs* which may be particularly cost-effective, therapeutic choices. Your co-payment amount for *preferred and non-preferred brands (Tier 2 and Tier 3)* is higher than for *generic drugs (Tier 1)*. Any *participating pharmacy* can assist you in purchasing a *generic drug if available and authorized by your prescriber*. You may also get information about covered formulary drugs by calling the number on the back of your ID Card or going to the internet website https://serveyourx.com.

YOU WILL BE REQUIRED TO PAY YOUR CO-PAYMENT AMOUNT TO THE PARTICIPATING PHARMACY AT THE TIME YOUR PRESCRIPTION IS FILLED.

Note: If your pharmacy's retail price for a *drug* is less than the co-payment shown above, you will not be required to pay more than that retail price.

OUT-OF-POCKET AMOUNT*

After you have made the following total out-of-pocket payments for covered prescription drug charges incurred during a *calendar year,* you will no longer be required to pay a Co-Payment for the remainder of that *year*.

These out-of-pocket maximums apply cumulatively across both medical and prescription drug benefits. For further details on the medical side of these provisions, please refer to your medical benefits summary plan document.

PPO and Dual Coverage Plans

Per *member:*

- *Participating pharmacy*……..**$2,000**

Per family

- *Participating pharmacy* ……....**$4,000****

***Exception:**

- Expense which is incurred for non-covered services or supplies, or the cost difference when choosing a brand name medication when a generic equivalent is available*,* will not count toward your Out-Of-Pocket Amount. You will still need to pay these costs after the Out-of-Pocket Amount is met.

**But not more than the Out-of-Pocket Amount per *member* indicated above for any one enrolled *member* in a family.

DAY SUPPLY AND REFILL LIMITS

Certain day supply limits apply to *prescription drugs* as listed in the "PRESCRIPTION DRUG CO-PAYMENTS" and "PRESCRIPTION DRUG CONDITIONS OF SERVICE" sections of this *plan*. In most cases, you must use a certain amount of your *prescription* before it can be refilled. In some cases the *pharmacy benefits manager (PBM)* may let you get an early refill. For example, the *PBM* may let you refill your *prescription* early if it is decided that you need a larger dose. The *PBM* will work with the *pharmacy* to decide when this should happen.

If you are going on vacation and you need more than the day supply allowed, you should ask your pharmacist to call the *PBM* and ask for an override for one early refill. If you need more than one early refill, please call Pharmacy Member Services at the number on the back of your Identification Card.

SPECIAL PROGRAMS

From time to time, the *plan administrator* may initiate various programs to encourage you to utilize more cost-effective or clinically-effective *drugs* including, but, not limited to, *generic drugs*, home delivery *drugs*, over-the-counter *drugs* or *preferred drug* products. Such programs may involve reducing or waiving co-payments for those *generic drugs*, over-the counter *drugs*, or the *preferred drug* products for a limited time. If the *plan administrator* initiates such a program, and they determine that you are taking a *drug* for a medical condition affected by the program, you will be notified in writing of the program and how to participate in it.

SPLIT FILL DISPENSING PROGRAM

The split fill program is designed to prevent and/or minimize wasted *prescription drugs* if your *prescription* or dose changes between fills, by allowing only a portion of your *prescription* to be filled. This program also saves you out-of-pocket expenses.

The *drugs* that are included under this program have been identified as requiring more frequent follow up to monitor response to treatment and potential reactions or side-effects. This program allows you to get your *prescription drug* in a smaller quantity and at a prorated copay so that if your dose changes or you have to stop taking the *prescription drug*, you can save money by avoiding costs for *prescription drugs* you may not use. You can access the list of these *prescription drugs* by calling the toll-free number on your member ID card or log on to the website at www.serveyourx.com.

DRUG COST SHARE ASSISTANCE PROGRAMS

If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the deductible, copayment, or coinsurance you pay for certain *specialty drugs*, the reduced amount you pay will be the amount we apply to your deductible and/or out-of-pocket limit.

THERAPEUTIC SUBSTITUTION

Therapeutic substitution is an optional program that tells you and your *physician* about alternatives to certain *prescription drugs*. The *PBM* may contact you and your *physician* to make you aware of these choices. Only you and your *physician* can determine if the therapeutic substitute is right for you. For questions or issues about therapeutic *drug* substitutes, please call the toll-free number on your member ID card.

Non-duplication of benefits. Non-duplication of benefits applies to *pharmacy drugs* under this *plan*. When benefits are provided for *pharmacy drugs* under the *plan's* medical benefits, they will not be provided under your prescription drug benefits, if included. Conversely, if benefits are provided for *pharmacy drugs* under your prescription drug benefits, if included, they will not be provided under the *plan's* medical benefits.

YOUR PRESCRIPTION DRUG BENEFITS

PRESCRIPTION DRUG COVERED EXPENSE

Prescription drug covered expense is the maximum charge for each covered service or supply that will be accepted for each different type of *pharmacy (e.g. Retail or Home Delivery)*. It is not necessarily the amount a *pharmacy* bills for the service.

You may avoid higher out-of-pocket expenses by utilizing the home delivery program whenever possible. In addition, you may also reduce your costs by asking your *physician*, and your pharmacist, for the more cost-effective *generic* form of *prescription drugs*.

Prescription drug covered expense will always be the lesser of the billed charge or the *prescription drug maximum allowed amount*. Expense is incurred on the date you receive the *drug* for which the charge is made.

When you choose a *participating pharmacy*, the *pharmacy benefits manager* will subtract any expense which is not covered under your *prescription drug* benefits. The remainder is the amount of *prescription drug covered expense* for that claim.

When the *PBM* receives a claim for *drugs* supplied by a *non-participating pharmacy*, the pharmacy will receive a rejection for that claim. **You will always be responsible for expense incurred which is not covered under this *plan*.**

PRESCRIPTION DRUG CO-PAYMENTS

CO-PAYMENTS

After the PBM determines *prescription drug covered expense*, they will subtract your Prescription Drug Co-Payment for each *prescription*.

HOW TO USE YOUR PRESCRIPTION DRUG BENEFITS

When You Go to a Participating Pharmacy. To identify you as a *member* covered for *prescription drug* benefits, you will be issued an identification card. You must present this card to *participating pharmacies* when you have a *prescription* filled. Provided you have properly identified yourself as a *member*, a *participating pharmacy* will only charge your Co-Payment unless you have not met your deductible, or you have selected a brand name drug when a generic drug is available for which the cost difference will also apply. For information on how to locate a *participating pharmacy* in your area, call the number on the back of your ID Card.

Please note that presentation of a prescription to a pharmacy or pharmacist does not constitute a claim for benefit coverage. If you present a *prescription* to a *participating pharmacy*, and the *participating pharmacy* indicates your *prescription* cannot be filled, your deductible, if any, needs to be satisfied, or requires an additional Co-Payment, this is not considered an adverse claim decision. If you want the *prescription* filled, you will have to pay either the full cost, or the additional Co-Payment, for the *prescription drug.* If you believe you are entitled to some *plan* benefits in connection with the *prescription drug*, submit a claim for reimbursement to the *PBM* at the address shown below:

Serve You Rx
Benefit Administration
10201 West Innovation Drive, Suite 600
Milwaukee, WI 53226

Participating pharmacies usually have claims forms, but, if the *participating pharmacy* does not have claim forms, claim forms and Member Services are available by calling the number on the back of your ID Card. Mail your claim, with the appropriate portion completed by the pharmacist, to the *pharmacy benefits manager* within 90 days of the date of purchase. If it is not reasonably possible to submit the claim within that time frame, an extension of up to 12 months will be allowed.

When You Go to a Non-Participating Pharmacy. If you purchase a *prescription drug* from a *non-participating pharmacy*, you will have to pay the full cost of the *drug.*

When You are Out of State. If you need to purchase a *prescription drug* out of the state of California, you may locate a *participating pharmacy* by calling the number on the back of your ID card.

When You Order Your Prescription Through the Home Delivery Program. You can order your *prescription* through the home delivery *prescription drug* program. Not all medications are available through the home delivery pharmacy.

The *prescription* must state the drug name, dosage, directions for use, quantity, the *physician's* name and phone number, the patient's name and address, and be signed by a *physician*. You must submit it with the appropriate payment for the amount of the purchase, and a properly completed order form. You need only pay the cost of your Co-Payment unless you have not met your deductible, or you have selected a brand name drug when a generic drug is available for which the cost difference will also apply.

Co-payments can be paid by check, money order or credit card.

Order forms can be obtained by contacting the number on the back of your ID Card to request one. The form is also available on-line at www.serveyourx.com.

Specialty Drug coverage is not provided under this Plan. For Specialty Drug coverage, the Plan has entered into an affiliated arrangement with Serve You Rx/Third-Party Vendor to implement a program that could provide a $0 co-payment to the you. You may speak to the Specialty Drug Administrator with questions or to receive additional information on these programs by contacting Serve You Rx at 800-759-3203.

PRESCRIPTION DRUG UTILIZATION REVIEW

Your *prescription drug* benefits include utilization review of *prescription drug* usage for your health and safety. Certain *drugs* may require prior authorization. The *PBM* is provided the right to limit benefits to prevent over-utilization of *drugs*.

PREFERRED DRUG PROGRAM

The presence of a *drug* on the *plan's preferred drug* list does not guarantee that you will be prescribed that *drug* by your *physician*. These medications, which include both generic and *brand name drugs*, are listed in the *preferred drug* list. The *preferred drug* list is updated at least two times per year to ensure that the list includes *drugs* that are safe and effective. Note: The *preferred drug* list may change from time to time.

Some *drugs* may require prior authorization. If you have a question regarding whether a particular *drug* is on the *preferred drug* list or requires prior authorization please call the number on the back of your ID Card. Information about the *drugs* on our *preferred drug* list is also available on the *PBM's* internet website at www.serveyourx.com.

Prior Authorization. Your *plan* includes certain features to determine when *prescription drugs* should be covered, which are described below. *Physicians* must obtain prior authorization in order for you to get benefits for certain *prescription drugs*. At times, your *physician* will initiate a prior authorization on your behalf before your *pharmacy* fills your prescription. At other times, the *pharmacy* may make you or your *physician* aware that a prior authorization or other information is needed. In order to determine if the *prescription drug* is eligible for coverage, the following criteria has been established. The criteria, which are called drug edits, may include requirements regarding one or more of the following:

- Specific clinical criteria and/or recommendations made by state or federal agencies (including, but not limited to, requirements regarding age, test result requirements, presence of a specific condition or disease, quantity, dose and/or frequency of administration);

- Specific provider qualifications including, but not limited to, REMS certification (Risk, Evaluation and Mitigation Strategies) as recommended by the FDA;

- Step therapy requiring one *drug*, *drug* regimen or treatment be used prior to use of another *drug*, *drug* regimen or treatment for safety and/or cost-effectiveness when clinically similar results may be anticipated.

- Use of a *preferred drug* which is a list of FDA-approved *drugs* that have been reviewed and recommended for use based on their quality and cost effectiveness.

You or your *physician* can get the list of the *prescription drugs* that require prior authorization by calling the phone number on the back of your identification card or check the PBM's website at www.serveyourx.com The list will be reviewed and updated from time to time. Including a *prescription drug* or related item on the list does not guarantee coverage under your *plan*. Your *physician* may check with the *PBM* to verify *prescription drug* coverage, to find out which *prescription drugs* are covered under this section and if any drug edits apply. However, if it is determined through prior authorization that the *drug* originally prescribed is *medically necessary* and is cost effective, you will be provided the *drug* originally requested.

In order for you to get a *drug* that requires prior authorization, your *physician* must send a written request to the *PBM* for the drug using the required uniform prior authorization request form. If you're requesting an exception to the step therapy process, your *physician* must use the same form. The request, for either prior authorization or step therapy exceptions, can be facsimiled, mailed or submitted electronically to the *PBM*. If your *physician* needs a copy of the request form, he or she may call the *PBM* at the number on the back of your ID Card to request one. The form is also available on-line at www.serveyourx.com

Upon receiving the completed uniform prior authorization request form, the *PBM* will review the request and generally respond within the following time periods, or in such shorter or longer timeframe as may be required:

- 15 calendar days for non-urgent requests, and
- 72 hours for urgent requests if exigent circumstances exist. Exigent circumstances exist if you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if you are undergoing a current course of treatment using a *drug* not covered by the *plan.*

If you have any questions regarding whether a drug is on the *preferred drug list*, or requires prior authorization, please call the number on the back of your ID Card.

If the *PBM* denies a request for prior authorization of a *drug*, you or your prescribing *physician* may appeal the decision by calling the number on the back of your ID Card.

Revoking or modifying a prior authorization. A prior authorization of benefits for *prescription drugs* may be revoked or modified prior to your receiving the *drugs* for reasons including but not limited to the following:

- Your coverage under this *plan* ends;
- The *plan* with the *plan administrator* terminates;
- You reach a benefit maximum that applies to *prescription drugs*, if the *plan* includes such a maximum;
- Your *prescription drug* benefits under the *plan* change so that *prescription drugs* are no longer covered or are covered in a different way.

A revocation or modification of a prior authorization of benefits for *prescription drugs* applies only to unfilled portions or remaining refills of the *prescription*, if any, and not to *drugs* you have already received.

New drugs and changes in the *prescription drugs* covered by the *plan*. The outpatient *prescription drugs* included on the list of *preferred drugs* covered by the *plan* is decided by the *Pharmacy and Therapeutics Committee,* which is comprised of independent nurses, *physicians* and pharmacists. The *Pharmacy* and *Therapeutics Committee* meets at least two times per year and decides on changes to make in the *preferred drug* list based on recommendations from the *PBM* and a review of relevant information, including current medical literature.

COVERED PRESCRIPTION DRUGS

To be a covered service, *prescription drugs* must be approved by the Food and Drug Administration (FDA) and, under federal law, require a *prescription*. *Prescription drugs* must be prescribed by a licensed *physician* and *controlled substances* must be prescribed by a licensed *physician* with an active DEA license. Specialty drugs are not covered under the Prescription Drug benefit of this Plan. For coverage of specialty drugs, please refer to Specialty Drug Program information referenced above.

Compound drugs are a covered service when a commercially available dosage form of a *medically necessary* medication is not available, all the ingredients of the *compound drug* are FDA approved in the form in which they are used in the *compound drug*, require a *prescription* to dispense, and are not essentially the same as an FDA approved product from a *drug* manufacturer. Non-FDA approved, non-proprietary, multisource ingredients that are vehicles essential for compound administration may be covered.

Your *plan* also covers certain over-the-counter *drugs* that must be covered under federal law, when prescribed by a *physician*, subject to all terms of this *plan* that apply to those benefits. Please see the "Preventive Prescription Drugs and Other Items" provision under YOUR PRESCRIPTION DRUG BENEFITS for additional details.

PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS

Your *prescription drug* benefits include certain preventive *drugs*, medications, and other items as listed below that may be covered under this *plan* as *preventive care services*. In order to be covered as a *preventive care service*, these items must be prescribed by a *physician* and obtained from a *participating pharmacy* or through the home delivery program. This includes items that can be obtained over the counter for which a *physician's* prescription is not required by law.

When these items are covered as *preventive care services*, the Calendar Year Deductible, if any, will not apply and no co-payment will apply. In addition, any separate deductible that applies to *prescription drugs* will not apply.

- Oral contraceptives (combined pill and progestin only) and injections categories will be covered according to this schedule:

Generic drugs:	Plan pays 100% (no copay or coinsurance, no deductible).
Brand drugs:	Plan copay or coinsurance applies. Deductible may apply. For extended-day supply: • Home Delivery or Retail 90-day copays apply.

For the remaining contraceptive categories (i.e. Vaginal ring, IUD, others), the plan pays 100% (no copay or coinsurance, no deductible), with the exception of *brand name drugs* that have a lower-cost generic equivalent available.

- Vaccinations prescribed by a physician and obtained from a participating pharmacy.

- Tobacco cessation *drugs*, medications, and other items for *members* age 18 and older as recommended by the United States Preventive Services Task Force including:

    - *Prescription drugs* to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.

    - FDA-approved smoking cessation products including over-the- counter (OTC) nicotine gum, lozenges and patches when obtained with a *physician's* prescription.

- Aspirin after 12 weeks of gestation in pregnant women who are at high risk for preeclampsia.

- *Generic* low to moderate dose statins for *members* that are 40-75 years and have one or more risk factors for cardiovascular disease.

- Folic acid supplementation for women who are pregnant or may become pregnant to prevent birth defects.

- Medications for risk reduction of primary breast cancer (such as tamoxifen or raloxifene) in women who are at increased risk for breast cancer and at low risk for adverse medication effects.

- Bowel preparations when prescribed for a preventive colon screening.

- Fluoride supplements for children age 6 months to 5 years whose water supply is fluoride deficient to prevent tooth decay and cavities.

- Erythromycin ophthalmic ointment for all newborns to prevent early eye infections caused by gonorrhea.

- HIV pre-exposure prophylaxis (PrEP) medications for adolescents and adults without HIV who are at high risk to prevent contracting HIV infection.

PRESCRIPTION DRUG CONDITIONS OF SERVICE

To be covered, the *drug* or medication must satisfy all of the following requirements:

1. It must be prescribed by a licensed prescriber and be dispensed within one year of being prescribed, subject to federal and state laws. This requirement will not apply to covered vaccinations provided at a *participating pharmacy*.

2. It must be approved for general use by the Food and Drug Administration (FDA).

3. It must be for the direct care and treatment of your illness, injury or condition. Dietary supplements, health aids or drugs for cosmetic purposes are not included. However the following items are covered;

   a. Vaccinations provided at a *participating pharmacy* as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS, subject to all terms of this *plan* that apply to those benefits.

   b. Vitamins, supplements, and health aids as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS, subject to all terms of this *plan* that apply to those benefits.

4. It must be dispensed from a licensed retail *pharmacy* or through the home delivery program.

5. **If it is an approved *compound medication*, be dispensed by a participating *pharmacy*.** Call the number on the back of your ID Card to find out where to take your prescription for an approved *compound medication* to be filled. **Some compound medications must be approved before you can get them (See PREFERRED DRUG PROGRAM: PRIOR AUTHORIZATION). You will have to pay the full cost of the *compound medications* you get from a *pharmacy* that is not a *participating pharmacy*.**

6. It must not be used while you are confined in a *hospital*, *skilled nursing facility,* rest home, sanitorium, convalescent hospital, or similar facility. Also, it must not be dispensed in or administered by a *hospital*, *skilled nursing facility,* rest home, sanitorium, convalescent hospital, or similar facility. Other *drugs* that may be prescribed by your *physician* while you are confined in a rest home, sanitarium, convalescent hospital or similar facility, may be purchased at a *pharmacy* by the member, or a friend, relative or care giver on your behalf, and are covered under this *prescription drug* benefit.

7. For a retail *pharmacy*, the *prescription* must not exceed a 90-day supply.

   FDA-approved smoking cessation products and over-the-counter nicotine replacement products are limited as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS.

8. Certain *drugs* have specific quantity supply limits based on the analysis of prescription dispensing trends and the Food and Drug Administration dosing recommendations.

9. For the home delivery program, the *prescription* must not exceed a 90-day supply.

PRESCRIPTION DRUG SERVICES AND SUPPLIES THAT ARE COVERED

1. Outpatient *drugs* and medications which the law restricts to sale by *prescription,* except as specifically stated in this section.

2. Insulin.

3. Continuous glucose monitoring systems, including monitors designed to assist the visually impaired;

4. Syringes when dispensed for use with insulin and other self-injectable *drugs* or medications.

5. *Drugs* with Food and Drug Administration (FDA) labeling for self-administration.

6. All compound *prescription drugs* when a commercially available dosage form of a *medically necessary* medication is not available, all the ingredients of the compound *drug* are FDA approved in the form in which they are used in the *compound medication*, require a prescription to dispense, and are not essentially the same as an FDA approved product from a *drug* manufacturer. Non-FDA approved non-proprietary, multisource ingredients that are vehicles essential for compound administration may be covered.

7. Diabetic supplies (i.e. test strips and lancets). Inhaler spacers for the treatment of pediatric asthma. These items are subject to the copayment for *brand name drugs*.

   The following items are covered under your *prescription drug* benefits:

   a. Insulin, glucagon, and other *prescription drugs* for the treatment of diabetes.

   b. Insulin syringes, disposable pen delivery systems for insulin administration.

   c. Testing strips, lancets, and alcohol swabs.

   These items must be obtained either from a retail *pharmacy* or through the home delivery program.

8. *Prescription drugs*, vaccinations (including administration), vitamins, supplements, and certain over-the-counter items as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS, subject to all terms of this *plan* that apply to those benefits.

9. *Prescription drugs* for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.

PRESCRIPTION DRUG SERVICES AND SUPPLIES THAT ARE NOT COVERED

Prescription drug **benefits are not provided for or in connection with the following:**

1. Hypodermic syringes and/or needles except when dispensed for use with insulin and other self-injectable *drugs* or medications.

2. *Drugs* and medications used to induce spontaneous and non- spontaneous abortions.

3. *Drugs* and medications dispensed or administered in an outpatient setting; including, but not limited to, outpatient *hospital* facilities and *physicians'* offices.

4. Professional charges in connection with administering, injecting or dispensing of *drugs* unless stated otherwise in this document.

5. *Drugs* and medications which may be obtained without a *physician's* written *prescription*, except insulin or niacin for cholesterol reduction.

   Note: Vitamins, supplements, and certain over-the-counter items as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS are covered under this *plan* only when obtained with a *physician's prescription*, subject to all terms of this *plan* that apply to those benefits.

6. *Drugs* and medications dispensed by or while you are confined in a *hospital*, *skilled nursing facility,* rest home, sanitorium, convalescent hospital, or similar facility. Other *drugs* that may be prescribed by your *physician* while you are confined in a rest home, sanitarium, convalescent hospital or similar facility, may be purchased at a *pharmacy* by the *member*, or a friend, relative or care giver on your behalf, and are covered under this *prescription drug* benefit.

7. Durable medical equipment, devices, appliances and supplies, even if prescribed by a *physician*, except *prescription* contraceptives as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS.

8. Services or supplies for which you are not charged.

9. Oxygen.

10. *Drugs* labeled "Caution, Limited by Federal Law to Investigational Use" or Non-FDA approved investigational *drugs*. Any *drugs* or medications prescribed for *experimental* indications. If you are denied a *drug* because the *plan administrator* or *PBM* determines that the *drug* is *experimental* or *investigative*, you may ask that the denial be reviewed.

11. Any expense incurred for a *drug* or medication in excess of: *prescription drug maximum allowed amount*.

12. *Drugs* which have not been approved for general use by the Food and Drug Administration.

13. *Drugs* used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will *not* apply to the use of this type of *drug* for *medically necessary* treatment of a medical condition other than one that is cosmetic.

14. *Drugs* used primarily for the purpose of treating infertility (including but not limited to Clomid, Pergonal, and Metrodin), unless *medically necessary* for another covered condition.

15. *Drugs* obtained outside of the United States unless they are furnished in connection with *urgent care* or an *emergency*.

16. Allergy desensitization products or allergy serum.

17. Infusion *drugs*, except *drugs* that are self-administered subcutaneously.

18. Herbal supplements, nutritional and dietary supplements, except as described in this *plan* or what must be covered by law. This exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written *prescription* or from a licensed pharmacist. Also, vitamins, supplements, and certain over-the-counter items as specified under PREVENTIVE PRESCRIPTION DRUGS AND OTHER ITEMS are covered under this *plan* only when obtained with a *physician's prescription*, subject to all terms of this *plan* that apply to those benefits.

19. *Prescription drugs* with a non-prescription (over-the-counter) chemical and dose equivalent except insulin, even if written as a *prescription*. This does not apply if an over-the-counter equivalent was tried and was ineffective.

20. **Gene Therapy** Gene therapy that introduces or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

21. Specialty Drug coverage is not provided under this Plan. For Specialty Drug coverage, the Plan has entered into an affiliated arrangement with Serve You Rx/Third-Party Vendor to implement a program that could provide a $0 co-payment to the you. You may speak to the Specialty Drug Administrator with questions or to receive additional information on these programs by contacting Serve You Rx at 800-759-3203.

22. Charges for pharmacy services not related to conditions, diagnoses, and/or recommended medications described in your medical records.

23. *Drugs* which are over any quantity or age limits set by the *plan* or the *PBM*.

24. *Prescription drugs* prescribed by a provider that does not have the necessary qualifications, registrations and/or certifications.

25. *Drugs* prescribed, ordered, referred by or given by a member of your immediate family, including your *spouse*, *child*, brother, sister, parent, in-law or self.

26. *Drugs* that do not need a prescription by federal law (including *drugs* that need a prescription by state law, but not by federal law), except for injectable insulin or other *drugs* provided in the Preventive Care section. This exclusion does not apply to over-the-counter *drugs* that we must cover under state law, or federal law when recommended by the U.S. Preventive Services Task Force, and prescribed by a *physician*.

27. Services the *plan administrator* or *PBM* concludes are not *medically necessary*. This includes services that do not meet medical policy, clinical coverage, or benefit policy guidelines.

28. Clinical Trial Non-Covered Services. Any *investigative drugs* or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a covered service under this *plan* for non-*investigative* treatments.

29. Growth Hormone Treatment. Any treatment, device, *drug*, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth, unless deemed medically necessary via prior authorization process.

30. Drugs Given to you by a Medical Provider.

31. Delivery Charges. Charges for the delivery of prescription drugs.

32. Clinically-Equivalent Alternatives. Certain *prescription drugs* may not be covered if you could use a clinically equivalent *drug*, unless required by law. "Clinically equivalent" means *drugs* that for most *members*, will give you similar results for a disease or condition. If you have questions about whether a certain *drug* is covered and which *drugs* fall into this group, please call the number on the back of your ID card, or visit the *PBM's* website at www.serveyourx.com.

    If you or your *physician* believes you need to use a different *prescription drug*, please have your *physician* or pharmacist get in touch with us. We will cover the other *prescription drug* only if we agree that it is *medically necessary* and appropriate over the clinically equivalent *drug*. We will review benefits for the *prescription drug* from time to time to make sure the *drug* is still *medically necessary*.

33. Compound Drugs. *Compound drugs* unless all of the ingredients are FDA-approved in the form in which they are used in the *compound drug*, require a prescription to dispense, and the *compound drug* is not essentially the same as an FDA-approved product from a *drug* manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants. **You will have to pay the full cost of the *compound medications* you get from a *non-participating pharmacy***.

34. Drugs Contrary to Approved Medical and Professional Standards. *Drugs* given to you or prescribed in a way that is against approved medical and professional standards of practice.

35. Drugs Over the Quantity Prescribed or Refills After One Year. *Drugs* in amounts over the quantity prescribed or for any refill given more than one year after the date of the original *prescription*.

36. Lost or Stolen Drugs. Refills of lost or stolen *drugs*.

DEFINITIONS

Brand name prescription drugs (brand name drugs) are *prescription drugs* that are classified as *brand name drugs* or the *pharmacy benefit manager* has classified as *brand name drugs* through use of an independent proprietary industry database.

Drug (prescription drug) is a substance, that under the Federal Food, Drug & Cosmetic Act, must bear a message on their original packing label that says, “Caution: Federal law prohibits dispensing without a prescription.” This includes the following:

- Compound (combination) medications, when all of the ingredients are FDA-approved in the form in which they are used in the *compound drug*, require a prescription to dispense and are not essentially the same as an FDA-approved product from a drug manufacturer.

- Insulin, diabetic supplies, and syringes

Formulary drug is a *drug* listed on the *prescription drug formulary*

Generic prescription drugs (generic drugs) are *prescription drugs* that are classified as *generic drugs* or that the PBM has classified as *generic drugs* through use of an independent proprietary industry database. *Generic drugs* have the same active ingredients, must meet the same FDA rules for safety, purity and potency, and must be given in the same form (tablet, capsule, cream) as the *brand name drug*.

Non-participating pharmacy is a *pharmacy* which does not have a contract in effect with the *pharmacy benefits manager* at the time services are rendered. In most cases, you will be responsible for your pharmaceutical bill when you go to a non-participating pharmacy.

Participating pharmacy is a *pharmacy* which has a Participating Pharmacy Agreement in effect with the *pharmacy benefit manager* at the time services are rendered. Call your local *pharmacy* to determine whether it is a participating pharmacy or call the toll-free Member Services telephone number.

Pharmacy Benefits Manager (PBM) a company that manages pharmacy benefits. The PBM has a nationwide network of *retail pharmacies*, a *home delivery* pharmacy, and clinical services that include prescription drug list management.

The management and other services the PBM provides include, but are not limited to, managing a network of *retail pharmacies* and operating a mail service pharmacy. The PBM also provides services to promote and assist *members* in the appropriate use of pharmacy benefits, such as review for possible excessive use, proper dosage, drug interactions or drug/pregnancy concerns.

Physicians means

1. A doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is licensed to practice medicine or osteopathy where the care is provided; or

2. One of the following providers, but only when the provider is licensed to practice where the care is provided, is rendering a service within the scope of that license and such license is required to render that service, and is providing a service for which benefits are specified in this booklet:

    - A dentist (D.D.S. or D.M.D.)
    - An optometrist (O.D.)
    - A dispensing optician

- A podiatrist or chiropodist (D.P.M., D.S.P. or D.S.C.)
- A licensed clinical psychologist
- A licensed educational psychologist or other provider permitted by law to provide behavioral health treatment services for the treatment of autism spectrum disorders only
- A chiropractor (D.C.)
- An acupuncturist (A.C.)
- A licensed clinical social worker (L.C.S.W.)
- A marriage and family therapist (M.F.T.)
- A licensed professional clinical counselor (L.P.C.C.)*
- A physical therapist (P.T. or R.P.T.)*
- A speech pathologist*
- An audiologist*
- An occupational therapist (O.T.R.)*

Plan administrator refers to CONEJO VALLEY UNIFIED SCHOOL DISTRICT the entity which is responsible for the administration of the *plan.*

Prescription means a written order or refill notice issued by a licensed prescriber.

Prescription drug covered expense is the expense you incur for a covered *prescription drug*, but not more than the *prescription drug maximum allowed amount*. Expense is incurred on the date you receive the service or supply.

Prescription drug maximum allowed amount is the maximum amount allowed for any *drug*. The amount is subject to change. You may determine the prescription drug maximum allowed amount of a particular drug by calling the number on the back of your ID Card.

Specialty drugs are typically high-cost, injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of their effect on the patient by a medical professional. Certain specified *specialty drugs* may require special handling, such as temperature controlled packaging and overnight delivery, and therefore, certain specified *specialty drugs* will be required to be obtained through the specialty pharmacy program, unless you qualify for an exception.