Prescription Drugs Plan

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Your Prescription Drug Benefits

The prescription drug benefit available to you is based on the medical plan in which you are enrolled. Regardless of the benefit design that is applicable to your coverage, you can get up to a 30-day supply at a retail network pharmacy, and a 90-day supply at the mail order pharmacy, or at any CVS or Walgreens Pharmacy.

The self-funded prescription drug plan is administered by Express Scripts, which also administers and manages the network of pharmacies. Your out-of-pocket costs will be higher if you fill your prescription at a pharmacy that is not in the Express Scripts network.

Certain drugs may be excluded or a prior authorization may be necessary in order to receive the prescription or the full quantity your doctor prescribes. In some cases a generic drug may be substituted for a brand name medication. For a current listing of the categories, including those that require prior authorization, you may refer to the Express Scripts website at www.express-scripts.com or contact Express Scripts Member Services at 1-800-685-8869.

A number of clinical programs are offered by Express Scripts to promote the appropriate utilization of drug therapy. All of these programs have been implemented to assist in controlling costs and providing coverage that is clinically appropriate and consistent with the plan's intent. A drug must be approved by the Federal Drug Administration (FDA) to be covered under the plan. Compound drugs that contain non-FDA approved ingredients are not covered under the plan.

The programs and coverage criteria are subject to change.

The Company reserves the right to amend, terminate, require cost and utilization management programs, or change the prescription drug plan features to any degree. You will be notified of such changes.

Refer to the "Administrative Information" section for your rights to review and appeal claims decisions.

Express Scripts Member Services

Toll Free:	(800) 685-8869
Fax:	(800) 837-0959
Mail:	Express Scripts PO Box 747000 Lexington, KY 45274-7000
Mail Order:	www.express-scripts.com or (800) 685-8869

Summary of Benefits: Prescription Drugs

Choice Fund with HSA – Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, Central Training Facility Instructors, and Beta 9 Operators; Metal Trades Council (MTC); Pantex Guards Union (PGU); Pantex and Y-12 Non-Bargaining; United Steel Workers (USW); Y-12 Fire Captains and Lieutenants (FCLT); and International Guards Union of America (IGUA) Y-12 Security Police Officers

Prescription Drugs Summary		
You Pay		
	In-Network	**Out-of-Network**
Annual Prescription Drug Deductible	Combined With Medical	Combined With Medical
Retail 30-Day Supply		
Generic	$10 copay after deductible	50% Coinsurance after deductible
Brand	$25 copay after deductible	50% Coinsurance after deductible
Non-Preferred	$50 copay after deductible	50% Coinsurance after deductible
Up to 90-Day Supply Mail Order – Home Delivery CVS or Walgreens		
Generic	$15 copay after deductible	Not Covered
Brand	$50 copay after deductible	Not Covered
Non-Preferred	$100 copay after deductible	Not Covered

1. Pharmacy benefits are through Express Scripts.
2. Certain drugs may require a prior authorization in order to receive the prescription or the full quantity your doctor prescribes. For a listing of the brand names or categories that currently require prior authorization, you may contact Express Scripts at (800) 685-8869 or www.express-scripts.com.
3. Express Scripts may substitute an equivalent drug within certain drug categories due to procurement restrictions in contracts between drug manufacturers and Express Scripts. While the Company prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be compromised. For any questions, you may contact Express Scripts at (800) 685-8869.
4. Certain drugs may be excluded under the plan for such reasons as clinical cost, not FDA approved, manufacturer availability, quantity limits, or safety reasons, which may change over time. Notice of changes in the exclusion list will be provided to covered members in advance, unless market conditions (such as supply chain shortage) restrict advance notice.
5. Note: Infusion therapy drugs are administered under the medical plan.

Summary of Benefits: Prescription Drugs

PPO Core – Pantex Guards Union (PGU); and International Guards Union of America (IGUA) Y-12 Security Police Officers

Prescription Drugs Summary		
You Pay		
	In-Network	**Out-of-Network**
Annual Prescription Drug Deductible	None	None
Retail 30-Day Supply		
Generic	$5 Copay	50% Coinsurance after deductible
Brand	$25 Copay	50% Coinsurance after deductible
Non-Preferred	$50 Copay	50% Coinsurance after deductible
Up to 90-Day Supply Mail Order – Home Delivery CVS or Walgreens		
Generic	$10 Copay	Not Covered
Brand	$40 Copay	Not Covered
Non-Preferred	$70 Copay	Not Covered

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3. Express Scripts may substitute an equivalent drug within certain drug categories due to procurement restrictions in contracts between drug manufacturers and Express Scripts. While the Company prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be compromised. For any questions, you may contact Express Scripts at (800) 685-8869.
4. Certain drugs may be excluded under the plan for such reasons as clinical cost, not FDA approved, manufacturer availability, quantity limits, or safety reasons, which may change over time. Notice of changes in the exclusion list will be provided to covered members in advance, unless market conditions (such as supply chain shortage) restrict advance notice.
5. The Plan has implemented a specialty pharmacy copay assistance program. This allows for copays of certain specialty medications to be set at the available manufacturer-funded copay assistance. While the actual copayment will be higher, the cost of the program drugs will be reimbursed by the manufacturer at no cost to the participant.
6. Note: Infusion therapy drugs are administered under the medical plan.

Summary of Benefits: Prescription Drugs

PPO Select – Pantex Guards Union (PGU) and; International Guards Union of America (IGUA) Y-12 Security Police Officers

Prescription Drugs Summary		
You Pay		
	In-Network	**Out-of-Network**
Annual Prescription Drug Deductible	None	None
Retail 30-Day Supply		
Generic	$5 Copay	50% Coinsurance after deductible
Brand	$15 Copay	50% Coinsurance after deductible
Non-Preferred	$30 Copay	50% Coinsurance after deductible
Up to 90-Day Supply Mail Order – Home Delivery CVS or Walgreens		
Generic	$10 Copay	Not Covered
Brand	$30 Copay	Not Covered
Non-Preferred	$60 Copay	Not Covered

1. Pharmacy benefits are through Express Scripts.
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3. Express Scripts may substitute an equivalent drug within certain drug categories due to procurement restrictions in contracts between drug manufacturers and Express Scripts. While the Company prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be compromised. For any questions, you may contact Express Scripts at (800) 685-8869.
4. Certain drugs may be excluded under the plan for such reasons as clinical cost, not FDA approved, manufacturer availability, quantity limits, or safety reasons, which may change over time. Notice of changes in the exclusion list will be provided to covered members in advance, unless market conditions (such as supply chain shortage) restrict advance notice.
5. The Plan has implemented a specialty pharmacy copay assistance program. This allows for copays of certain specialty medications to be set at the available manufacturer-funded copay assistance. While the actual copayment will be higher, the cost of the program drugs will be reimbursed by the manufacturer at no cost to the participant.
6. Note: Infusion therapy drugs are administered under the medical plan.

Summary of Benefits: Prescription Drugs

PPO Core – Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, Central Training Facility Instructors, and Beta 9 Operators; Metal Trades Council (MTC); Pantex and Y-12 Non-Bargaining; United Steel Workers (USW); and Y-12 Fire Captains and Lieutenants (FCLT)

Prescription Drugs Summary		
You Pay		
	In-Network	**Out-of-Network**
Annual Prescription Drug Deductible	None	None
Retail 30-Day Supply		
Generic	$10 Copay	50% Coinsurance
Brand	$25 Copay	50% Coinsurance
Non-Preferred Brand	$50 Copay	50% Coinsurance
Up to 90-Day Supply Mail Order – Home Delivery CVS or Walgreens		
Generic	$15 Copay	Not Covered
Brand	$50 Copay	Not Covered
Non-Preferred Brand	$100 Copay	Not Covered

1. Pharmacy benefits are through Express Scripts.
2. Certain drugs may require a prior authorization in order to receive the prescription or the full quantity your doctor prescribes. For a listing of the brand names or categories that currently require prior authorization, you may contact Express Scripts at (800) 685-8869 or www.express-scripts.com.
3. Express Scripts may substitute an equivalent drug within certain drug categories due to procurement restrictions in contracts between drug manufacturers and Express Scripts. While the Company prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be compromised. For any questions, you may contact Express Scripts at (800) 685-8869.
4. Certain drugs may be excluded under the plan for such reasons as clinical cost, not FDA approved, manufacturer availability, quantity limits, or safety reasons, which may change over time. Notice of changes in the exclusion list will be provided to covered members in advance, unless market conditions (such as supply chain shortage) restrict advance notice.
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6. Note: Infusion therapy drugs are administered under the medical plan.

Summary of Benefits: Prescription Drugs

PPO Select – Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, Central Training Facility Instructors, and Beta 9 Operators; Metal Trades Council (MTC); Pantex and Y-12 Non-Bargaining; United Steel Workers (USW); and Y-12 Fire Captains and Lieutenants (FCLT)

Prescription Drugs Summary		
You Pay		
	In-Network	**Out-of-Network**
Annual Prescription Drug Deductible	None	None
Retail 30-Day Supply		
Generic	$5 Copay	50% Coinsurance
Brand	$20 Copay	50% Coinsurance
Non-Preferred Brand	$35 Copay	50% Coinsurance
Up to 90-Day Supply Mail Order – Home Delivery CVS or Walgreens		
Generic	$10 Copay	Not Covered
Brand	$40 Copay	Not Covered
Non-Preferred Brand	$70 Copay	Not Covered

1. Pharmacy benefits are through Express Scripts.
2. Certain drugs may require a prior authorization in order to receive the prescription or the full quantity your doctor prescribes. For a listing of the brand names or categories that currently require prior authorization, you may contact Express Scripts at (800) 685-8869 or www.express-scripts.com.
3. Express Scripts may substitute an equivalent drug within certain drug categories due to procurement restrictions in contracts between drug manufacturers and Express Scripts. While the Company prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be compromised. For any questions, you may contact Express Scripts at (800) 685-8869.
4. Certain drugs may be excluded under the plan for such reasons as clinical cost, not FDA approved, manufacturer availability, quantity limits, or safety reasons, which may change over time. Notice of changes in the exclusion list will be provided to covered members in advance, unless market conditions (such as supply chain shortage) restrict advance notice.
5. The Plan has implemented a specialty pharmacy copay assistance program. This allows for copays of certain specialty medications to be set at the available manufacturer-funded copay assistance. While the actual copayment will be higher, the cost of the program drugs will be reimbursed by the manufacturer at no cost to the participant.
6. Note: Infusion therapy drugs are administered under the medical plan.

Summary of Benefits: Prescription Drugs

Indemnity

Prescription Drugs Summary		
You Pay		
	In-Network	**Out-of-Network**
Annual Prescription Drug Deductible	None	None
Retail 30-Day Supply		
Generic	$10 Copay	50% Coinsurance
Brand	$25 Copay	50% Coinsurance
Non-Preferred Brand	$50 Copay	50% Coinsurance
Up to 90-Day Supply Mail Order – Home Delivery CVS or Walgreens		
Generic	$15 Copay	Not Covered
Brand	$50 Copay	Not Covered
Non-Preferred Brand	$100 Copay	Not Covered

1. Pharmacy benefits are through Express Scripts.
2. Certain drugs may require a prior authorization in order to receive the prescription or the full quantity your doctor prescribes. For a listing of the brand names or categories that currently require prior authorization, you may contact Express Scripts at (800) 685-8869 or www.express-scripts.com.
3. Express Scripts may substitute an equivalent drug within certain drug categories due to procurement restrictions in contracts between drug manufacturers and Express Scripts. While the Company prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be compromised. For any questions, you may contact Express Scripts at (800) 685-8869.
4. Certain drugs may be excluded under the plan for such reasons as clinical cost, not FDA approved, manufacturer availability, quantity limits, or safety reasons, which may change over time. Notice of changes in the exclusion list will be provided to covered members in advance, unless market conditions (such as supply chain shortage) restrict advance notice.
5. The Plan has implemented a specialty pharmacy copay assistance program. This allows for copays of certain specialty medications to be set at the available manufacturer-funded copay assistance. While the actual copayment will be higher, the cost of the program drugs will be reimbursed by the manufacturer at no cost to the participant.
6. Note: Infusion therapy drugs are administered under the medical plan.

This section covers some of the most frequently asked questions about your prescription plan.

The prescription drug plan is a stand-alone plan that covers only FDA approved medications prescribed by your physician.

Oral and self-injectable medications are covered under the prescription plan and not the medical plan.

Infusion therapy drugs may be administered at an inpatient or outpatient facility, in the doctor's office, or at your home and are covered under the medical plan.

What is covered?

The Plan's prescription drug benefit covers a wide variety of prescription drugs, including generic drugs and brand-name or specialty drugs. Generally, compound drugs are not covered. The formulary and conditions of drug coverage under the Plan may change for a medication that it is not covered.

What is not covered?

Some drugs are not covered, or excluded, from the prescription drug benefit which means there may be no alternatives for that medication. To check whether a medication is excluded, go to www.express-scripts.com or call Express Scripts Member Services.

What is a formulary drug?

A preferred list of drug products typically limits the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing, and/or reimbursement. Products are selected on the basis of safety, efficacy, and cost. Certain drugs are excluded from the formulary. The Plan maintains a formulary list. Members can obtain formulary drugs for lower cost. Certain drugs are excluded from the formulary. Clinically effective alternatives are available for all excluded products on the formulary list.

Express Scripts has an expert panel of physicians and pharmacists that carefully review the drugs on the formulary for safety, quality, effectiveness, and cost. *The formulary and conditions of drug coverage under the Plan are subject to change.* To find out whether a particular medicine is included on the formulary or covered under the Plan, and what conditions of coverage (if any) may apply, go to www.express-scripts.com or call Express Scripts Member Services. A pharmacist can also check whether a medication is on the formulary or covered at any time.

What is a generic drug?

Generic drugs have the same active ingredients in the same dosage form and strength as their brand-name counterparts. The color and shape may differ between the generic and the brand drug; however, the active ingredients must be the same for both. The U.S. Food and Drug Administration (FDA) approves both brand and generic drugs and requires generics to have the same active ingredients and be absorbed in the body the same way as brand-name drugs. These requirements ensure that generic drugs are as safe and effective as brand drugs. The formulary (the list of preferred drugs) chosen by the Plan contains only FDA-approved generic medications.

What is a brand drug?

A brand drug is protected by a patent, which prevents other companies from manufacturing the drug while the patent is in effect. A preferred brand drug is a drug that is covered under the Plan. Preferred brand drugs, also known as formulary drugs, are medications that have been reviewed and approved by the group of physicians and pharmacists, and have been added to the Express Scripts formulary list for the Plan, based on their proven clinical and cost effectiveness.

A non-preferred brand drug, or non-formulary drug, has not been approved for coverage. If a medication is not on the formulary, it does not mean it is not effective, but rather that a clinically equivalent and more cost-effective alternative is available and is on the formulary. The formulary changes from time to time as new clinical information becomes available. To determine the status of

any particular drug on the Plan's formulary, log onto www.express-scripts.com or contact Express Scripts Member Services.

What is a specialty drug?

A specialty drug is used to treat complex, chronic conditions and is usually a high-cost drug that may require close clinical monitoring and special storage. These medications may be administered orally, inhaled, or given by injection or infusion by a healthcare professional.

Note: Infusion therapy drugs administered by healthcare professionals either in an inpatient or outpatient facility, or in a physician's office or patient's home, are covered under the Company's medical plan. See the medical plan summary for more information.

Covered specialty drugs are dispensed by Express Scripts' specialty pharmacy, Accredo.

What is a compound drug?

A medicine that is made of two or more ingredients that are weighed, measured, prepared, or mixed by a pharmacist according to a prescription order. All ingredients must be FDA approved in order to be considered for coverage by the Plan. Without FDA approval, health risks associated with compounded drugs are not determined and may pose risks, even fatal.

What is a network retail pharmacy?

A pharmacy (also called a retail network pharmacy) that participates in the Plan's contracted network. You must use a network pharmacy or you will pay more for your prescription.

When should a retail network pharmacy be used?

The retail network pharmacy may be used when a medication is needed immediately, or by choice. You simply present your ID card to the pharmacist, along with the doctor's written prescription if it has not been sent electronically, to receive a *30-day supply* of the medicine. You may also receive a *90-day supply* of maintenance medications at any CVS or Walgreens pharmacy.

You can find a participating retail pharmacy on the Express Script website at www.express-scripts.com or you may call Express Scripts Member Services or download the Express Scripts mobile app. To download the mobile app for free, search for "Express Scripts" in smartphone app stores.

What if the retail pharmacy is not in the network?

Prescriptions filled at a nonparticipating retail pharmacy are not covered under the Plan, which means if you fill prescriptions there, you pay the full retail price (or 100% of the cost) of the drug and the amount paid does not count against the Plan's deductible or out-of-pocket maximums.

When should the home delivery mail pharmacy be used?

A mail order pharmacy service is available for prescriptions taken on a regular basis. With mail order, you can receive up to a *90-day supply* of medicine, in most cases at a lower cost than you would pay if you got your prescription at a retail network pharmacy.

Features of the home delivery mail pharmacy?

Prescription bottles are filled by an automated process, which significantly reduces errors. Pill bottles have child-resistance safety caps, but easy-open caps may be requested. The bottles are placed in tamper-proof, weather-resistant packages. Drugs that require refrigeration are shipped in cold packs. Pharmacists are available 24/7 by phone to answer questions.

How can new prescriptions be submitted to the home delivery mail pharmacy?

New prescriptions may be submitted directly from the doctor's office or through the mail.

How can prescriptions be refilled at the home delivery mail pharmacy?

Refills can be ordered electronically downloading and using the Express Scripts mobile app, logging on the website, through the mail, or by phone. Visit www.express-scripts.com to learn more. You may also set prescriptions to renew automatically.

When should the specialty pharmacy, Accredo, be used?

Covered specialty drugs must be dispensed by Express Scripts' specialty pharmacy, Accredo. Enhanced care and services are provided by Accredo for the complex and chronic conditions. Pharmacists specifically trained in the complex and chronic conditions are available at Accredo to assist you and your family member or physician in treating these conditions. Pharmacists are available 24/7 by phone to answer questions. Call Express Scripts Member Services to contact Accredo.

How are claims paid?

Generally, you do not need to submit claims under the prescription plan. You pay the amount that is required by you under the Plan when filling a prescription. If you do submit a paper claim for reimbursement of the cost of a covered drug (for example, if the pharmacy's computer system was not working or the card was left at home), you can obtain a claim form from the Benefits Plan website or Express Scripts website and submit the claim directly to Express Scripts.

What is a benefit exclusion?

A denied prescription may also be referred to as "not covered." This includes a drug or drug class that is not included as a benefit and means there are no alternatives to try or exceptions to coverage. Excluded drugs that are not covered will not be reimbursed by the Plan's pharmacy benefit.

What is prior authorization?

Prior authorization monitors both cost and safety. If a pharmacist tells you that a prescription requires prior authorization, Express Scripts will need to communicate with the doctor to ensure the medicine is appropriate and will verify that the Plan covers the drug. This is similar to when a healthcare plan authorizes a medical procedure in advance. When a prescription requires prior authorization, the doctor can call Express Scripts or prescribe a different medicine that is covered by the Plan. Only doctors can give Express Scripts the information needed to determine if the drug may be covered. Express Scripts answers its prior authorization phone lines 24/7, and a determination can be made right away. If the medicine is covered, the member will pay the normal copay. If the medication is not covered by the Plan, you may pay 100% of the cost of the medicine.

Coverage Reviews:

Is there an appeal process for a denied claim?

Yes. There is a specific process that you need to follow when making an appeal request for a denied benefit. Depending on the appeal type, decisions are made by an Express Scripts pharmacist, physician, a panel of clinicians, trained prior authorization staff, or an independent third-party utilization management company. Members are notified of the decision and of any rights to appeal an adverse benefit decision. Under Section 502(a) of ERISA, covered participants have the right to bring a civil action if their final appeal is denied.

Below is an overview of the process and procedure involved with coverage reviews, coverage appeals, and external appeal reviews.

Information about coverage reviews can also be found on Express Scripts website at www.express-scripts.com.

There are *clinical coverage reviews* and *administrative coverage reviews*.

- Clinical coverage review requires a prescription be *prior authorized* before the prescription will be considered for coverage under the plan. When a prescription requires prior authorization, Express Scripts will need to communicate with your doctor to ensure the medicine is right and will verify the plan covers the drug. Only the doctor is able to provide Express Scripts the information needed for the clinical review. If the drug is not covered, you will pay full price for the medication.
- Administrative coverage review is requested by the covered participant and the participant submits information to Express Scripts to support their request. The medicine must be covered by the plan or you will pay full cost of the drug.

Appeals are related to coverage denials; they are not related to procedures addressing member complaints or grievances. Express Scripts completes appeals according to business policies that are aligned with state and federal regulations.

Initial Coverage Review

How do I request an initial coverage review?

- To request an *initial clinical coverage review*, *also called prior authorization*, your doctor may submit the request electronically. Information about electronic options can be found at express-scripts.com/PA.
- To request an *initial administrative coverage review*, you may 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.

  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

How do I request an urgent coverage review?

If the situation meets the definition of urgent under the law, an urgent review may be requested and will be conducted as soon as possible, but no later than 72 hours from receipt of request.

In general, an urgent situation is one in which in the opinion of the patient's doctor, the patient's health may be in serious jeopardy or you may be experiencing severe pain that cannot be adequately managed without the medication while you wait for a decision on the review. If you or your doctor believes the health situation is urgent, the doctor must request the expedited review by phone at 800-753-2851.

Urgent clinical appeal requests:

Phone 800-753-2851
Fax 877-852-4070

Urgent administrative appeal requests:

Phone 800-946-3979
Fax 877-328-9660

Level 1 Appeal or Urgent Appeal:

How do I request a level 1 appeal or urgent appeal after an initial coverage review is denied?

When an initial coverage review has been denied, also referred to as an adverse benefit determination, a request for appeal may be submitted within 180 days from receipt of notice of the initial adverse benefit determination. To initiate an appeal, the following information must be submitted by mail or fax to the appropriate department for clinical or administrative review requests:

- Name of patient
- Member ID
- Phone number
- The drug name for which benefit coverage has been denied
- Brief description of why you disagree with the initial adverse benefit determination
- Any additional information that may be relevant to the appeal, including prescriber statements/letters, bills, or any other documents

Level 2 Appeal:

How do I request a level 2 appeal after a level 1 appeal is denied?

When a level 1 appeal has been denied, also called an adverse benefit determination, a request for a level 2 appeal may be submitted within 90 days from receipt of notice of the level 1 appeal adverse benefit determination. To initiate a level 2 appeal, the following information must be submitted by mail or fax to the appropriate department for clinical or administrative review requests:

- Name of patient
- Member ID
- Phone number
- The drug name for which benefit coverage has been denied
- Brief description of why you disagree with the adverse benefit determination
- Any additional information that may be relevant to the appeal, including doctor statements/letters, bills, or any other documents

Clinical appeal requests and administrative appeal requests can be mailed or faxed to the following addresses and fax numbers:

Clinical appeal requests:

Express Scripts
Attn: Clinical Appeals Department
P.O. Box 66588
St. Louis, MO 63166-6588
877-852-4070

Administrative appeal requests:

Express Scripts
Attn: Clinical Appeals Department
P.O. Box 66587
St. Louis, MO 63166-6588
877-328-9660