### Essential and Essential Assistance

**Prescription Drugs- Administered directly by OptumRx- 1-855-540-5950**

www.optumrx.com

<table>
<thead>
<tr>
<th>Retail – 34-day supply</th>
<th>100% after $10 copay 25% with $30 minimum and $80 maximum 50% with $60 minimum and $120 maximum *min / max reduced by 50% for asthma and diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Generic</td>
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<tr>
<td>• Formulary Brand Name</td>
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<td>• Non-Formulary Brand Name</td>
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<tr>
<td>Ministry owned on-site pharmacies – 34-day supply</td>
<td>100% after $8 copay 20% with $24 minimum and $64 maximum 40% with $48 minimum and $96 maximum *min / max reduced by 50% for asthma and diabetes</td>
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<td>• Generic</td>
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<tr>
<td>Ministry owned on-site pharmacies – 90-day supply</td>
<td>100% after $24 copay 20% with $72 minimum and $192 maximum 40% with $144 minimum and $288 maximum *min / max reduced by 50% for asthma and diabetes</td>
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<tr>
<td>• Generic</td>
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<tr>
<td>Mail Order – 90 day supply</td>
<td>100% after $25 copay 25% with $75 minimum and $200 maximum 50% with $150 minimum and $300 maximum *min / max reduced by 50% for asthma and diabetes</td>
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<td>• Generic</td>
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</tbody>
</table>

50% coinsurance for infertility drugs dispensed through pharmacy (no maximum)

Pharmacy follows Tier 2 Out of Pocket Maximum

If the brand drug has a specific equivalent generic drug available and the plan participant receives the brand, then in addition to the copay, the plan participant must also pay the difference between the ingredient cost of the brand drug and the generic drug.

*Specialty medications must be filled at a Trinity Health pharmacy (where available) or through the OptumRx Specialty program; prescriptions limited to a 30-day supply. Specialty Customer Service number 1-877-838-2907*

*Mandatory Maintenance is required for each maintenance (90 day) medication after an initial retail prescription and two refills.*

**Coverage of Preventive Services Medications (under the Patient Protection and Affordable Care Act (No copay))**

- Prescription required –
  - Oral Fluorides (children only)
    - generic single ingredient only
  - Aspirin
    - oral over-the-counter (OTC) aspirin products (with prescription)
    - Exclude prescription aspirin products, non-oral aspirin products, or aspirin strengths > 325 mg
  - Folic Acid
    - Includes prenatal vitamins containing folic acid for adults
    - Exclude prescription folic acid supplementation products and any product containing > 0.8mg or < 0.4mg of folic acid
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- **Immunizations**
  - **single-entity and combination vaccinations for:**
    - Diphtheria
    - Haemophilus influenza type B
    - Hepatitis A and B
    - Herpes zoster
    - Human Papillomavirus
    - Influenza
    - Measles, mumps and rubella
    - Meningococcal infections
    - Pertussis
    - Polio
    - Pneumococcal infections
    - Rotavirus
    - Tetanus
    - Varicella
  - Exclude vaccines not listed in the ACIP Immunization Schedules.
  - Age and/or gender limits apply in accordance with the recommendations of the ACIP to the following vaccines:
    - Haemophilus influenza type b – applies only to children < 6 years of age
    - Heplisav-B - applies only to adults ≥ 18 years of age
    - Human papillomavirus – applies to only children and adults 9 years to 26 years of age
    - Rotavirus – applies only to children < 8 months
    - Shingrix – applies only to adults ≥ 50 years of age
    - Zostavax-applies only to adults ≥ 60 years of age
- **Bowel Preparation Medications**
  - Selected OTC and Rx generic bowel preparation agents (with prescription)
  - Quantity limit of 1 bowel prep dispensing per year
  - Exclude branded bowel preparation products.
- **Breast Cancer Drugs**
  - Available at $0 cost-share to prevent the first occurrence of breast cancer if a Prior Authorization is obtained
    - Prior Authorization confirms member is using the medication for primary prevention of breast cancer and meets the preventive parameters of the USPSTF recommendation.
- **Statins**
  - For members between ages 40-75, cover lovastatin.
  - For members between ages 40-75, having one or more cardiovascular risk factors
  - Prior authorization required for $0 copay
- **Prescription required –**
  - Tobacco Cessation
    - prescription and over the counter (with prescription) smoking cessation products (e.g., nicotine products, bupropion [generic only], Chantix) for adults
    - quantity limit of 2 cycles per year and max daily dose applies to each active ingredient
    - Step therapy required for some products

**Exclusions:**
- Cosmetic medication: Anti-wrinkle agents, Hair growth/removal, etc
- Erectile dysfunction (ED) medications
- Non-sedating antihistamine (NSA) drugs
- Compound pain patches and bulk powders
- Hypoactive Sexual Desire Disorder (Addyi)
The following is a list of the drugs that need prior authorization to be covered (not intended to be an all-inclusive list): (Your physician must call 1-800-711-4555 to obtain approval for a period of up to one year)

- Topical Acne
- Compounds $300 and greater
- Anti-obesity agents
- Anabolic steroids
- Kerydin
- Specialty medications
- Narcolepsy
- Oral/Intranasal

The following is a list of most but not all of the drugs that have a quantity limit imposed:

- Flu medication
- Corticosteroid oral inhalers
- Bets 2 Agonists
- Lyrica
- Mast cell stabilizer-Anticholinergic
- Opioids

Due to the large number of available medicines, this list is not all-inclusive. Please note that this list does not guarantee coverage and is subject to change. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance on this list.

This document is only an educational tool and should not be relied upon as legal or compliance advice. Additionally, some PPACA requirements may differ for particular members enrolled in certain programs, and those members should consult with their plan administrators for specific details.

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. For a complete description of benefits, please see the applicable summary plan descriptions. If there is a discrepancy between this summary and any applicable plan document, the plan document will control.

More information is available through optumrx.com to help you manage your prescription drug program. You will be able to locate a pharmacy, order mail service refills, track mail service orders, and ask questions. For additional information contact OptumRx at 1-855-540-5950.