EXPRESS SCRIPTS®

Express Scripts – Summary Plan Description

Payment for Covered Prescription Contraceptives

You are receiving this document because your employer has certified that your group health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration (FDA) approved contraceptive methods for women, including approved contraceptive drugs and devices as prescribed by a healthcare provider, without cost sharing. This means that your employer will not contract, arrange, pay or refer for some or all contraceptive medical services or contraceptive prescription drug coverage. Instead, Express Scripts will provide or arrange separate payments for prescribed contraceptive drug benefits not covered by your employer-sponsored group health plan as described below, without cost sharing and at no other cost, for so long as you are enrolled in your group health plan and as long as you access the approved drugs and devices according to the terms of this Plan Description. Your employer will not administer or fund these payments. If you have any questions about this document, contact Express Scripts at 866.237.0703.

Express Scripts has the exclusive authority to control and manage the operation and administration of the contraceptive drug benefits described in this document, including but not limited to the authority:

- To make and enforce such rules and regulations as it deems necessary or proper for the efficient administration of the benefits
- To decide all questions concerning eligibility of any person to receive benefits
- To compute the amount of benefits which will be payable to any person in accordance with the provisions of the Patient Protection and Affordable Care Act, and to determine the person or persons to whom such benefits will be paid
- To authorize the payment of benefits

Any determination by Express Scripts will be final and binding on all persons, in the absence of clear and convincing evidence that Express Scripts acted arbitrarily and capriciously.

Contraceptive Drug Benefits

The benefits provided by Express Scripts and described in this document are limited to prescribed FDA-approved contraceptive drugs and devices (including prescribed birth control), to the extent the applicable categories of such drugs and devices are not covered by your employer-sponsored group health plan, as described in this and other Plan documents. Please refer to the plan documents provided by your employer for more information about the categories of contraceptive drugs and devices that may be covered by your employer-sponsored group health plan.

Your Express Scripts contraceptive drug benefit is comprised of a closed formulary that may cover up to 16 FDA approved methods of prescription contraception to the extent one or more of these contraceptive methods are not covered by your employer-sponsored group health plan, and subject to reasonable medical management techniques.

While the closed formulary includes mostly generic contraceptive drugs and devices, you may be able to obtain coverage (or $0 coverage) for approved brand-name drugs in certain instances. Only women aged 50 years or younger are eligible to receive this benefit.

You have three options for receiving your prescribed medication:

- **Home Delivery:** When not covered by your employer-sponsored group health plan, you must obtain covered hormonal contraceptive medications through home delivery from the Express Scripts Pharmacy℠ (subject to your right to receive two courtesy fills at participating retail pharmacies). You may also obtain prescribed over-the-counter and barrier contraceptives, and covered implanted devices, via home delivery, if not covered by your employer-sponsored group health plan. If you choose home delivery, you may receive up to a 90-day supply at a time, where applicable. You may contact the Express Scripts Pharmacy at 866.237.0703.

- **Courtesy Fill:** When hormonal contraceptive medications are not covered by your employer-sponsored group health plan, you may obtain two (2) courtesy fills of your covered hormonal contraceptive medications from an Express Scripts participating retail pharmacy. After your second courtesy fill, hormonal contraceptive medications must be obtained through home delivery from the Express Scripts Pharmacy, as outlined above. For a list of participating pharmacies for the courtesy fills, create a user account and log in at Express-Scripts.com, or call the number on your prescription contraceptives benefit ID card.
- **Participating Retail Pharmacy:** If not covered by your employer-sponsored group health plan, you may obtain prescribed over-the-counter, barrier, implanted device or emergency contraceptive medication from an Express Scripts participating retail pharmacy. Your medication will be limited to a 30-day supply at a time, as applicable. For a list of participating retail pharmacies, create a user account and log in at Express-Scripts.com, or call the number on your prescription contraceptives benefit ID card.

Express Scripts provides a formulary exceptions process, which may be initiated by calling the phone number on your prescription contraceptives benefit ID card. If you meet the exceptions criteria, you may obtain coverage of prescribed contraceptive drugs and devices that are not on the closed formulary.

Exclusions and Limitations

Express Scripts is not responsible for arranging or providing coverage for the cost of medical treatment services related to contraceptive care. In addition, coverage for the following prescription drugs is not included as part of your Express Scripts contraceptive benefit:

- Contraceptive drugs and devices that are covered by your employer-sponsored group health plan
- Brand-name contraceptive drugs for which an alternate generic drug is available, unless the brand name drug is medically necessary
- Drugs obtained at a nonparticipating pharmacy
- Drugs not included on the Express Scripts formulary
- Any drug labeled "Caution – Limited by Federal Law to Investigational Use"
- Drugs deemed experimental, not FDA approved or considered investigational by the FDA
- Vitamins, nutritional replacements and dietary supplements
- Drugs used for treatment of infertility
- Drugs prescribed for non-contraceptive services
- Off label (non-FDA-approved) use of medications

Participant Contributions

As required by the Patient Protection and Affordable Care Act, you have the right to receive covered contraceptive drug benefits without cost sharing or a premium, fee or other charge. This means that you are not required to make any copayments or pay any coinsurance amount or deductible to receive this benefit.

Claim Procedures

You have the right to request coverage for prescribed contraceptive drugs and devices that are not on the Express Scripts formulary, to the extent that the applicable category of the contraceptive drug or device requested is also not covered by your employer-sponsored group health plan. The first request for coverage is called an initial review.

Express Scripts reviews both clinical and administrative coverage review requests. **Clinical reviews** are based on clinical conditions of coverage that are set by Express Scripts. **Administrative reviews** are based on the benefit design.

The preferred method to request an initial clinical coverage review is for your prescriber or dispensing pharmacist to call the Express Scripts Coverage Review Department at 800.753.2851. Alternatively, the prescriber may submit a completed coverage review form by Fax to 877.329.3760. Forms may be obtained online at Express-Scripts.com/services/physicians/. Requests may also be mailed to Express Scripts Attn: Prior Authorization Dept., PO Box 66571, St. Louis, MO 63166-6571. Home delivery coverage review requests are automatically initiated by the Express Scripts Pharmacy as part of filling the prescription.

To request an initial administrative coverage review, the member or his or her representative must submit the request in writing to Express Scripts, Attn: Benefit Coverage Review Department, PO Box 66587, St Louis, MO 63166-6587.

If your 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 which, in the opinion of your provider, your health may be in serious jeopardy or you may experience severe pain that cannot be adequately managed without the medication while you wait for a decision on the review. ***If you or your provider believes your situation is urgent, the expedited review must be requested by your provider by phone at 800.753.2851.***

In order to make an initial determination for a clinical coverage review request, the prescriber must submit specific information to Express Scripts for review. For an administrative coverage review request, you must submit information to Express Scripts to support your request. The initial determination and notification to you and your prescriber will be made within the specified timeframes as follows:

<table>
<tr><th>Type of claim</th><th>Decision Timeframe
Decisions are completed as soon as possible from receipt of request but no later than:</th><th colspan="2">Notification of Decision</th></tr>
<tr><td colspan="2"></td><td>Approval</td><td>Denial</td></tr>
<tr><td>Standard Pre-Service*</td><td>15 days (Retail)

5 days (home delivery)</td><td rowspan="2">Member: automated call (letter if call not successful)

Prescriber: Fax (letter if fax not successful)</td><td rowspan="2">Member: letter

Prescriber: Fax (letter if fax not successful)</td></tr>
<tr><td>Standard Pre-Service*</td><td>30 days</td></tr>
<tr><td>Urgent</td><td>72 Hours</td><td>Member: automated call and letter

Prescriber: Fax (letter if fax not successful)</td><td>Member: live call and letter

Prescriber: Fax (letter if fax not successful)</td></tr>
</table>

*If the necessary information needed to make a determination is not received from your prescriber within the decision timeframe, a letter will be sent to you and your prescriber informing you that the information must be received within 45 days or the claim will be denied.

How to file a level 1 or urgent appeal after an initial coverage review has been denied

When an initial coverage review has been denied (adverse benefit determination), you or your authorized representative may submit a request for an appeal 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 member
- Member ID and phone number
- The drug name for which benefit coverage has been denied
- Brief description of why the claimant disagrees 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

An appeal relating to a **clinical review** should be sent to: Express Scripts Attn: Clinical Appeals Department, PO Box 66588, St. Louis, MO 63166-6588. Fax 877.852.4070

An appeal relating to an **administrative review** should be sent to: Express Scripts Attn: Administrative Appeals Department, PO Box 66587, St. Louis, MO 63166-6587. Fax 877.328.9660

If your situation meets the definition of urgent under the law, an urgent appeal 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 which, in the opinion of your provider, your health may be in serious jeopardy or you may experience severe pain that cannot be adequately managed without the medication while you wait for a decision on the review. ***If you or your provider believes your situation is urgent,*** the expedited review must be requested by phone or fax:

Clinical appeal requests:	**phone** 800.935.6103	**fax** 877.852.4070
Administrative appeal requests:	**phone** 800.946.3979	**fax** 877.328.9660

Urgent claims and appeals submitted by mail will not be considered for urgent processing unless a subsequent phone call or fax identifies the appeal as urgent.

How a level 1 appeal or urgent appeal is processed

All appeals are reviewed by Express Scripts in accordance with its customary business policies which are compliant with state and federal regulations. Appeal decisions are made by an Express Scripts pharmacist, specialist or panel of clinicians.

Appeal decisions and notifications are made as follows:

<table>
<tr><th rowspan="2">Type of Appeal</th><th rowspan="2">Decision Timeframe
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*If new information is received and considered or relied upon in the review of the appeal, such information will be provided to you and your prescriber together with an opportunity to respond prior to issuance of any final adverse determination.

The decision made on an urgent appeal is final and binding. In the urgent care situation, there is only one level of appeal prior to an external review.

How to request a level 2 appeal after a level 1 appeal has been denied

When a level 1 appeal has been denied (adverse benefit determination), a request for a level 2 appeal may be submitted by you or your authorized representative 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 member
- Member ID and phone number
- The drug name for which benefit coverage has been denied
- Brief description of why the claimant disagrees with the adverse benefit determination
- Any additional information that may be relevant to the appeal, including prescriber statements/letters, bills or any other documents

An appeal relating to a **clinical review** should be sent to: Express Scripts Attn: Clinical Appeals Department, PO Box 66588, St. Louis, MO 63166-6588. Fax 877.852.4070

An appeal relating to an **administrative review** should be sent to: Express Scripts Attn: Administrative Appeals Department, PO Box 66587, St. Louis, MO 63166-6587. Fax 877.328.9660

If your situation meets the definition of urgent under the law, an urgent appeal 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 which, in the opinion of your provider, your health may be in serious jeopardy or you may experience severe pain that cannot be adequately managed without the medication while you wait for a decision on the review. ***If you or your provider believes your situation is urgent, the expedited review must be requested by phone or fax:***

Clinical appeal requests:	**phone** 800.935.6103	**fax** 877.852.4070
Administrative appeal requests:	**phone** 800.946.3979	**fax** 877.328.9660

Urgent claims and appeals submitted by mail will not be considered for urgent processing unless a subsequent phone call or fax identifies the appeal as urgent.

How a level 2 appeal is processed

All appeals are reviewed by Express Scripts in accordance with its customary business policies which are compliant with state and federal regulations. Appeal decisions are made by an Express Scripts pharmacist, specialist or panel of clinicians.

Appeal decisions and notifications are made as follows:

<table>
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*If new information is received and considered or relied upon in the review of the appeal, such information will be provided to you and your prescriber together with an opportunity to respond prior to issuance of any final adverse determination.

When and how to request an external review

The right to request an independent external review may be available for an adverse benefit determination involving medical judgment, rescission, or a decision based on medical information, including determinations involving treatment that is considered experimental or investigational. Generally, all internal appeal rights must be exhausted prior to requesting an external review. The external review will be conducted by an independent review organization with one or more medical experts that were not involved in the prior determination of the claim.

To submit an external review, the request must be mailed or faxed to: Express Scripts Attn: External Review Requests, PO Box 66587, St. Louis, MO 63166-6587, Phone: 800.946.3979, Fax: 877.328.9660.

Your request for external review 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.

How an external review is processed

Standard External Review: Express Scripts will review the external review request within 5 business days to determine if it is eligible to be forwarded to an Independent Review Organization (IRO), and you will be notified within 1 business day of the decision.

If the request is eligible to be forwarded to an IRO, the request will randomly be assigned to an IRO and the appeal information will be compiled and sent to the IRO within 5 business days of assigning the IRO. The IRO will notify the claimant in writing that it has received the request for an external review and if the IRO has determined that the claim involves medical judgment or rescission, the letter will describe the claimant's right to submit additional information within 10 business days for consideration to the IRO. Any additional information the claimant submits to the IRO will also be sent to Express Scripts for reconsideration. The IRO will review the claim within 45 calendar days from receipt of the request and will send the claimant and Express Scripts written notice of its decision. If the IRO has determined that the claim does not involve medical judgment or rescission, the IRO will notify the claimant in writing that the claim is ineligible for a full external review.

Urgent External Review: Once an urgent external review request is submitted, the claim will be immediately reviewed to determine if it is eligible for an urgent external review. An urgent situation is one where in the opinion of your provider, the application of the time periods for making non-urgent care determinations could seriously jeopardize your life or health or your ability to regain maximum function or would subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

If the claim is eligible for urgent processing, the claim will immediately be reviewed to determine if the request is eligible to be forwarded to an IRO, and the claimant will be notified of the decision. If the request is eligible to be forwarded to an IRO, the request will randomly be assigned to an IRO and the appeal information will be compiled and sent to the IRO. The IRO will review the claim within 72 hours from receipt of the request and will send the claimant written notice of its decision.

ERISA Rights: If you have any questions about your rights related to this limited contraceptive benefit under the Employee Retirement Income Security Act of 1974, as amended (ERISA), you should contact Express Scripts or the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefit Security Administration.

Plan Administrator: Express Scripts is the plan administrator within the meaning of Section 3(16) of the Employee Retirement Income Security Act of 1974, as amended, solely for the purpose of providing the contraceptive drug benefits described in this document. Legal process may be served upon Express Scripts as it relates to plan administration for this limited benefit.

Exhaustion: Before you may bring any legal action to recover benefits in a court of law, you must exhaust the required internal claim and appeal process described in this document.

Privacy Protections: Express Scripts is committed to protecting your private and personal health information. Express Scripts will not disclose your personal health information without your prior written consent or authorization, except as necessary for your treatment, payment for services, health care operations or as otherwise permitted by the Health Insurance Portability and Accountability Act (HIPAA).

Amendment or Termination: Express Scripts reserves the right to amend or modify this document at any time. The benefits provided by Express Scripts under this document will terminate upon the earlier of the date you are no longer covered by your employer's health plan or the date Express Scripts is no longer a service provider to your employer's health plan.

Governing Law: To the extent not preempted by ERISA or other applicable federal law, this document will be governed by with the laws of the State of Missouri.