Agenda

① Welcome

② Anthem BlueCross BlueShield Medical Benefits Overview

③ Express Scripts Pharmacy Benefits Overview

④ Q & A
2018 Annual Enrollment Benefits Overview

Ready to choose your benefits? We’re here to help!
Agenda

- What’s new for 2018?
- Choosing your health plan
- Transition of Care
- Using your health plan
- Tips and tools
Know your health care basics

<table>
<thead>
<tr>
<th><strong>Copay</strong></th>
<th>This is a flat fee, like $30, you pay for most doctor visits.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>This is the set amount you pay before we start sharing the cost of covered health services you receive.</td>
</tr>
<tr>
<td><strong>Your percentage of the costs (coinsurance)</strong></td>
<td>After paying your deductible, this is the percentage of the cost you pay each time you get care and then your plan covers the rest.</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>This is the maximum amount you can pay out of your pocket each year for covered services. Once you reach that limit, which varies by plan, we cover the rest.</td>
</tr>
</tbody>
</table>
$400 and $900 PPO at a glance

**Copay**
You may pay a set amount for doctors’ visits and services from a doctor in the plan.

**Deductible**
This is the set amount you pay before we start sharing the cost of covered health care you receive.

**Your percentage of the costs**
You pay a percentage of the costs for most other services, such as outpatient surgery, hospital care and tests.

**Out-of-pocket maximum**
This is the most you have to pay for covered services in a year.

Once you reach that limit, the plan pays 100% for everything else that’s covered the rest of the year.
The $400 and $900 PPO plans

**Key features**

- You have the freedom to get care from any doctor.
- You don’t need a referral to see specialists.

**Things to consider**

- The plan covers services from almost any doctor or hospital, but you pay less when using a doctor from the preferred provider organization (PPO) plan.
HSA at a glance
$1,500 and $2,850 Plans

Health savings account (HSA)
- You can put money into an HSA, pre-tax to help pay for covered medical expenses, like office visits, lab work, tests and prescriptions drugs.
- HSA funds are accessed through the plan provided debit card or online bill pay.
- Unused HSA funds roll over from year to year
- This plan puts more decisions in your hands.

Annual deductible
- You pay a yearly deductible before we start sharing the cost of covered health care you receive.
- You can use the money in an HSA to help meet your deductible.

Major medical benefits (your percentage of the costs)
- After you meet your annual deductible, you pay a percentage of the costs for covered care.
- If you still have money in your HSA after you've met your annual deductible, you can use the funds to pay your percentage of the costs.
- Once you pay the annual maximum for your percentage of the costs, the plan pays 100% for everything else that's covered the rest of the year.
The HSA plan
$1,500 and $2,850 Plans

Key features

• Funds roll over, so they can be used during the current year or saved for future expenses.
• These funds can grow over time and be invested. You and/or your employer may contribute.
• The money you put into your account isn’t taxed, so each dollar goes further.
• You get to keep the money you put in the HSA if you change plans or leave the company.

Things to consider

• If you visit a doctor who isn’t in the health savings account (HSA) plan, you may be asked to pay for services at the time of your visit and file a claim.
• If you don't put money in the HSA, you’ll have to pay your deductible and percentage of the total cost out of pocket during the year.
How HSA claims are paid

**Doctor's visit**
You go to the doctor.

**Claim**
The doctor sends us a claim with a list of services you received.

**Plan pays**
We review and process the claim based on your plan benefits.

We let the doctor know how much we're paying for covered medical services and how much, *if anything*, you have to pay.

We send you a claims recap. It’s not a bill; it’s a summary of how we processed the claim and what, *if anything*, you owe the doctor.

If you owe the doctor any money, the doctor will bill you for it and you can pay the doctor directly.

If you’ve got enough money in your account, you can use your HSA to pay the doctor.

**HSA**

---

*Note: The image contains a flowchart illustrating the process described.*
# Comparing plans

<table>
<thead>
<tr>
<th>Medical plans</th>
<th>$400 Deductible Plan</th>
<th>$900 Deductible Plan</th>
<th>$1,500 Deductible Plan</th>
<th>$2,850 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Doctors in your plan</td>
<td>Doctors not in your plan</td>
<td>Doctors in your plan</td>
<td>Doctors not in your plan</td>
</tr>
<tr>
<td>Employee</td>
<td>$400</td>
<td>$2,500</td>
<td>$900</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1,500 includes Rx</td>
<td>$3,000 includes Rx</td>
</tr>
<tr>
<td></td>
<td>$800</td>
<td>$5,000</td>
<td>$1,800</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$3,000 includes Rx</td>
<td>$6,000 includes Rx</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$5,700 includes Rx</td>
<td>$11,400 includes Rx</td>
</tr>
<tr>
<td>Deductible</td>
<td>Employee</td>
<td>$20 copay</td>
<td>40% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>$40 copay</td>
<td>40% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>Out-of-pocket limit includes medical and Rx</td>
<td>Employee</td>
<td>$2,200</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>$4,400</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$11,000</td>
</tr>
<tr>
<td></td>
<td>Employee + family</td>
<td>$4,400</td>
<td>$6,000</td>
<td>$11,000</td>
</tr>
<tr>
<td></td>
<td>$8,800</td>
<td>$12,000</td>
<td>$12,000</td>
<td>$22,000</td>
</tr>
</tbody>
</table>
Comparing plans continued

<table>
<thead>
<tr>
<th>Medical plans</th>
<th>$400 Deductible Plan</th>
<th>$900 Deductible Plan</th>
<th>$1,500 Deductible Plan</th>
<th>$2,850 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors in your plan</td>
<td>Doctors in your plan</td>
<td>Doctors in your plan</td>
<td>Doctors in your plan</td>
<td>Doctors in your plan</td>
</tr>
<tr>
<td>Preventive care</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Doctor visits</td>
<td>$20 copay</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$40 copay</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Retail health clinics</td>
<td>$40 copay</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Urgent care clinic</td>
<td>$50 copay</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$150 copay then 20% after deductible</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
<td>Deductible and coinsurance</td>
</tr>
</tbody>
</table>

Getting care at the right place can save you money. Knowing what type of care you may need can help you pick a plan.
Anthem’s MHA Team

- Behavioral Health Support
- Pharmacist
- NICU Transplant
- MHA Nurses
- Maternity
- Medical Director
- Social Worker
- Anthem Health Guides (AHG)
- Registered Dietitian
Transition of Care

- Anthem offers transition of care for members currently in active treatment for acute medical conditions or a serious chronic condition. These conditions include a sudden onset of symptoms due to illness or injury requiring prompt attention that has a limited duration or a serious condition due to disease or illness which persists without full cure requiring ongoing treatment. Anthem may cover services for a period of time necessary to complete a course of treatment and arrange for a safe transfer to another provider.
  - Active course of treatment for any behavioral health condition
  - Pregnant regardless of trimester
  - Terminal Illness
  - Surgery or other procedure authorized by your prior plan

- Members moving from another plan may call Anthem at any time during Annual Enrollment and speak with an Anthem Health Guide (AHG) representative regarding the care management programs and the process for engaging with an Anthem nurse. Engagement in the program will begin on 1/1/18 and the member will receive an outreach call after the beginning of the year.

- Self-referral: the member may call Anthem to request participation in the program after the plan year begins

- Provider referral: a member’s provider can call Anthem to request outreach to a member
Health and wellness programs

Your plan goes way beyond covering doctor visits
From online resources to personal attention from registered nurses, health and wellness programs are available at no extra cost to help you:

- Become more engaged in your health.
- Make better health care decisions.
- Reach your health goals.
- Save money on health-related products and services.

Once you’re a member, simply go to anthem.com or call the Member Services number on your ID card — which can also be found on the mobile app — to take part in our programs.
24/7 Nurseline

Our registered nurses can answer your health questions — wherever you are, any time of the day or night.

All you have to do is call our toll-free number at 866-670-6654.

At no cost to you.
Behavioral Health Resource

Feeling stressed or not quite yourself? You're not alone. You can work with licensed mental health professionals, 24/7, to help you feel better.

Call us toll free at 855-229-7820 to learn more.

At no cost to you
Future Moms

Get screenings and resources during pregnancy.

Enjoy toll-free, 24/7 access to specially trained nurses at 877-529-1693.

Receive breastfeeding support at LiveHealth Online, where you can talk to a lactation consultant, counselor or registered dietitian through a private video visit. You just need a mobile device or computer with a webcam.

At no cost to you.
ComplexCare

When you’re trying to coordinate care for one or more complex health conditions, you could use all the help you can get.

ComplexCare is here to give you that extra support.

- Consult with registered nurses.
- Get program referrals.
- Set healthy lifestyle goals.
- Improve your quality of life.
- At no cost to you.
MyHealth Coach

You and your family can get one-on-one advice from a health educator — at no extra cost.

- Call for answers to health questions and general support.
- Discuss health issues you may be struggling with, like weight loss, managing stress or trying to quit smoking.
- Set up personalized goals and action plans.

At no cost to you.
Centers for Specialty Care

Blue Distinction®
Quality care for high-cost, highly variable, complex specialty areas

Quality

- 26% lower 30-day readmission rates (primary gastric stapling)
- 31% lower 30-day major complication rates (primary gastric stapling)

Cost (average savings)

- $3,409 for gastric stapling
- $2,358 for gastric banding
- 13% or greater SAVINGS OVERALL

Knee and hip replacement
Spine surgery
Cardiac care
Maternity care *
Transplants
Bariatric surgery
Tired of driving to the doctor's office?
See a doctor or therapist at home

- Have a private video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam.

- You can be at home, on vacation or just about anywhere with internet access.

- Avoid long drives and waiting rooms. Plus, your virtual visit costs as little as a regular office visit or at most $49.

- Download the app and sign up at livehealthonline.com.
## LiveHealth Online Behavioral Health

<table>
<thead>
<tr>
<th>Provider types</th>
<th>Board Certified Doctors</th>
<th>Licensed Psychologists and Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit offered</td>
<td>Medication management to complement if talk therapy alone cannot provide assistance*</td>
<td>Counseling with Psychologists or Therapists</td>
</tr>
<tr>
<td>Visit length</td>
<td>30-45 minute initial evaluation. 15 minute follow up sessions if needed for medication review</td>
<td>45 minute counseling sessions</td>
</tr>
<tr>
<td>Cost of visit</td>
<td>$175 for initial evaluation visit $75 for follow up visit(s)</td>
<td>$95 for session with Psychologist $80 for session with Therapist</td>
</tr>
<tr>
<td>Average wait time</td>
<td>14 days or less</td>
<td>4 days or less</td>
</tr>
<tr>
<td>Ages Served</td>
<td>Age 18 and higher</td>
<td>Age 10 and higher</td>
</tr>
</tbody>
</table>
Convenient, private access to help for common behavioral health issues

Online therapy visits can give members support for common issues such as:

• Stress
• Feeling anxious
• Depressed mood
• Relationship or parenting issues
• Grief
• Panic attacks
• Coping with an illness
myStrength*—a resource for the healthy mind, online

A “health club for the mind,” myStrength provides a tailored online experience that brings together evidence-based self-help resources that enable members to better manage stress, anxiety, depression and substance abuse.

- Evidence-based self-help content
- Cognitive Behavioral Therapy & Mindfulness Acceptance-based applications
- Inspirational videos, mood mapping, and coping techniques to support members
- e-learning modules
- Engagement-driving technology
- Unique and tailored to the member’s needs

At no cost to you.
Anthem Health Guide
Concierge Member Service

**Simplified experience** – by phone, email, or chat, you can receive relevant information via a team of specially trained consumer service agents integrated with clinical health care professionals.

**Smart technology** – The guides use speech recognition tools to identify gaps in preventive and medical care and help you work on those gaps.

**Guided decision support** – If you need care, the team can guide you to select the right care, with the right provider, at the right cost, at the right time.
THE NEXT STEP IN OUR EVOLUTION

Anthem Care & Cost Finder

Key capabilities

➤ A single, integrated in-network search for physicians and facilities

➤ Natural language search

➤ Provider and facility pricing on 400 of the most common procedures, integrated with the member’s benefits

➤ Provider ratings

➤ Educational content
Care, quality and cost are at your fingertips

The Care & Cost Finder is accessible via Anthem.com and the Anthem Anywhere app.
Discounts

Visit anthem.com and choose Discounts to:

🐷 Save money on healthy products and services for you, your family and your home.

Discounts may apply to weight-loss programs, gym memberships, vitamins, glasses and much more.
Tips and tools

Save emergency room (ER) visits for emergencies.
If you have a real emergency, go straight to the ER or call 911. Otherwise, consider visiting an urgent care center, retail clinic or walk-in doctor’s office instead. Knowing where to go for care saves you time and money. See doctors in your plan. Go to doctors in your plan and pay less out of pocket.

Preapprove hospital services (PPO plans).
Avoid surprises when you can! Call to preapprove services before you get stuck with unnecessary charges.

Use the Care & Cost Finder tool to check costs and quality ratings.
Comparison shop for health care. Find cost ranges for services with different doctors and check quality reviews.

Save money on stuff that’s good for you.
Get discounts on health-related products and services for you, your family and your home.
Register on anthem.com

Register at anthem.com or on the Anthem Anywhere mobile app to get personalized information online and on the go.

Use the self-service tools to:

- Care & Cost Finder to find a doctor.
- Go paperless and receive important communications electronically rather than by mail.
- Take a health assessment to get tips for staying healthy.
- Estimate your costs before you step into the doctor’s office with the Care & Cost Finder too.
We’re here to help

When you become a member, you can get your questions answered in the way that works best for you.

- **By phone**: Call the Member Services number on your ID card which is: 855-570-1150.

- **Online**: Register at [anthem.com](http://anthem.com) or download the mobile app to chat with a team member.
What You Need to Know About Your 2018 Prescription Drug Benefit Administered by Express Scripts

October 2017
Reminder during today’s webcast

For privacy purposes, please refrain from asking questions that are specific to medications that you or a family member may be taking.
Agenda

• About Your Prescription Drug Benefit administered by Express Scripts
• The Features of Your Prescription Drug Benefit
• Information You Need to Know About Your Plan’s Prescription Drug Coverage
• Making the Best Use of Your Benefit
• We’re Here to Help Answer Your Questions and Address Your Concerns
About Your Prescription Drug Benefit Administered by Express Scripts
About Your Prescription Drug Benefit

Your prescription drug benefit is administered by Express Scripts.

- 2018 new enrollees will receive a Welcome Package containing plan summary information and a prescription ID card.

- In the event you do not have your ID cards
  - Call Member Services at 1-800-987-8360 to request an ID card or
  - Register at Express-Scripts.com to print a temporary ID card or
  - Download the Express Scripts™ Mobile App to display a virtual ID card to your local pharmacist.
About Your Prescription Drug Benefit

• You automatically receive prescription drug coverage when you elect medical coverage under the $400/$900 Deductible Plans and the $1,500/$2,850 High Deductible Plans.
  • Coverage includes the option to purchase medications from a retail pharmacy and from the Express Scripts® mail-order service.

  Note: For all maintenance prescription drugs, after the first three fills at a retail pharmacy, if you choose to continue to fill the prescription at a retail pharmacy, you will pay 100% of the price for all subsequent fills.

  • Your prescription drug costs will vary based on whether the medication is a generic, formulary brand-name, or non-formulary brand name.

• If you have questions or need further information to better understand your prescription drug plan:
  • Call Member Services at 1-800-987-8360 24 hours a day, 7 days a week except Thanksgiving and Christmas.
  • Log on to Express-Scripts.com
The Features of Your Prescription Drug Benefit
Your Plan’s Drug Coverage

Your plan covers a broad range of medications that fall into three categories:

• **Generic medications** (Tier I)
  - May cost you less than plan-preferred and non-preferred medications.

• **Formulary brand-name medications** (Tier 2)
  - A broad list of brand-name drugs. Drugs on this list may cost you less than non-formulary brand-name medications.

• **Non-formulary brand-name medications** (Tier 3)
  - Brand-name drugs that are not included on the plan-preferred list. You may pay the most toward the cost of these drugs.

Your plan encourages you to choose generics and formulary brand-name medications. Unless your physician specifically prescribes a brand-name medication without substitution, prescriptions will be filled with the generic equivalent when allowed by state law.

If you or your physician requests the brand-name prescription drug when a generic prescription drug is available and there is no medical reason for the brand-name prescription drug, you pay your share of the cost for the generic drug in addition to the difference between the brand-name prescription drug and generic prescription drug gross cost.

Please note, that some drugs may not be covered under your prescription benefit when there are similar safe and effective alternatives.
How much you will pay toward your prescriptions under the $400 or $900 Deductible Plans*:

<table>
<thead>
<tr>
<th>Participating Retail Pharmacies (30 day supply)</th>
<th>Retail Generic</th>
<th>Retail Preferred</th>
<th>Retail Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 Deductible Plan</td>
<td>$10</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>$900 Deductible Plan</td>
<td>30% (min. $10/ max. $20)</td>
<td>30% (min. $25/ max. $50)</td>
<td>45% (min. $40/max. $80)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Express Scripts Mail Order Pharmacy (up to a 90 day supply)</th>
<th>Mail Generic</th>
<th>Mail Preferred</th>
<th>Mail Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 Deductible Plan</td>
<td>$25</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td>$900 Deductible Plan</td>
<td>30% (min. $25/max. $50)</td>
<td>30% (min. $62.50/max. $125)</td>
<td>45% (min. $100/max. $200)</td>
</tr>
</tbody>
</table>

Note: For all maintenance prescription drugs, after the first three fills at a retail pharmacy, if you choose to continue to fill the prescription at a retail pharmacy, you will pay 100% of the price for all subsequent fills.

*The deductible does not apply to prescriptions for the $400 and $900 plans.
Maximum Out of Pocket

• The $400 and $900 Deductible Plans will have a yearly Maximum Out of Pocket in conjunction with your medical carrier.

• Express Scripts will share claims with your medical carrier and track yearly spending – this will reset every year on January 1.

• Once maximum out of pocket is met, your copay will be $0 for prescriptions (excluding applicable penalties).

<table>
<thead>
<tr>
<th>Plan</th>
<th>IN NETWORK Single / Family OOP amounts</th>
<th>OUT OF NETWORK Single / Family OOP amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 Deductible Plan</td>
<td>Single - $2,200</td>
<td>Single - $4,400</td>
</tr>
<tr>
<td></td>
<td>Family - $4,400</td>
<td>Family - $8,800</td>
</tr>
<tr>
<td>$900 Deductible Plan</td>
<td>Single - $3,000</td>
<td>Single - $6,000</td>
</tr>
<tr>
<td></td>
<td>Family - $6,000</td>
<td>Family - $12,000</td>
</tr>
</tbody>
</table>
High deductible Plans (HDHP) Options ($1,500 and $2,850):

- The HDHP health plan is your combined medical and prescription drug benefit. You may make pre-tax contributions to your HSA and use all the funds in your HSA to help pay for medical and prescription drug expenses.

- You pay 100% of your medical and prescription drug expenses until you meet your annual deductible.
  - The Plan will bypass your deductible on certain preventive drugs. Preventive drug expenses are not subject to a deductible but you will still be responsible for the co-payment / coinsurance. To find out if your medication is considered preventive – price your medication on express-scripts.com.

- Once you have met your deductible, you pay the copayment / coinsurance amounts until you reach your out-of-pocket maximum.

- Once you have reached your out-of-pocket maximum, including your deductible, your plan pays 100% of eligible medical and prescription drug expenses for the remainder of the benefit year.

- Under the Affordable Care Act (ACA) certain medications will be covered at 100% and are not subject to deductible or copayment. *Please note that over the counter (OTC) drugs under ACA require a prescription to be covered at 100%.*
How much you will pay toward your prescriptions under the $1,500 or $2,850 High Deductible Plans:

<table>
<thead>
<tr>
<th>Participating Retail Pharmacies (up to a 30 day supply) and Express Scripts Mail Order Pharmacy (up to a 90 day supply)</th>
<th>Retail Generic</th>
<th>Retail Preferred</th>
<th>Retail Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$1,500 Deductible Plan</strong></td>
<td>20%, after deductible</td>
<td>20%, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td><strong>$2,850 Deductible Plan</strong></td>
<td>30%, after deductible</td>
<td>30%, after deductible</td>
<td>30%, after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Retail Pharmacies (up to a 30 day supply) and Express Scripts Mail Order Pharmacy (up to a 90 day supply)</th>
<th>IN NETWORK Single / Family DED amounts</th>
<th>OUT OF NETWORK Single / Family DED amounts</th>
<th>IN NETWORK Single / Family OOP amounts</th>
<th>OUT OF NETWORK Single / Family OOP amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$1,500 Deductible Plan</strong></td>
<td>Single-$1,500 / Family-$3,000</td>
<td>Single-$3,000 / Family-$6,000</td>
<td>Single-$3,000 / Family-$6,000</td>
<td>Single-$6,000 / Family-$12,000</td>
</tr>
<tr>
<td><strong>$2,850 Deductible Plan</strong></td>
<td>Single-$2,850 / Family-$5,700</td>
<td>Single-$5,700 / Family-$11,400</td>
<td>Single-$5,500 / Family-$11,000</td>
<td>Single-$11,000 / Family-$22,000</td>
</tr>
</tbody>
</table>

Note: For all maintenance prescription drugs, after the first three fills at a retail pharmacy, if you choose to continue to fill the prescription at a retail pharmacy, you will pay 100% of the price for all subsequent fills.
Information You Need to Know About Your Plan’s Prescription Drug Coverage
Information You Need to Know About Your Plan’s Prescription Drug Coverage

• Your plan covers a broad range of medications. You may be subject to several different types of drug management programs. These include quantity management, prior authorization and qualification by history or step therapy.

• Some medications may not be covered by your plan unless you receive approval through a coverage review (prior authorization).
  • This review helps ensure a particular drug is being prescribed appropriately and in accordance with your plan’s coverage.
  • The review uses plan rules that are based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective.
  • Some covered medications may also have limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review.

• Specialty medications must be filled through Accredo. Accredo, an Express Scripts specialty pharmacy, is your plans preferred source for direct delivery of specialty medications. (Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis.)

• As new drugs become available or new indications are approved for already available drugs, the drugs that require prior authorization may be modified. To obtain prior authorization for coverage ask your doctor to call Express Scripts at 1 800-753-2851. After Express Scripts receives the necessary information, you and your doctor will be notified confirming whether or not coverage has been approved.
Making the Best Use of Your Benefit
Using Your Prescription ID Card at a Participating Retail Pharmacy
This is a separate card in addition to your medical plan’s card

• A retail pharmacy is a perfect choice for medications to treat an acute or temporary condition, such as antibiotics for an infection.

• There is a network of participating retail pharmacies associated with this Plan. The Plan generally pays higher benefits if you use an in-network retail pharmacy.

• If you use a non-participating pharmacy, in addition to your coinsurance/copayment, you will be responsible for the cost above the Plan’s discounted price.

• To locate a participating retail pharmacy:
  • Go to Express-Scripts.com and select “Locate a Pharmacy” or
  • Check on the mobile app or
  • Call Member Services at 1-800-987-8360.

• Temporary ID cards can be printed from the Express Scripts member website or via the Express Scripts mobile app.
Using the Express Scripts Mail Order Pharmacy

• A convenient, safe, and less costly way to have certain medications delivered right to you.
• You can receive up to a 90 day supply of your ongoing medications.
• The perfect choice for medications you take on an ongoing basis, such as those used to treat:
  • High blood pressure
  • High cholesterol
  • Diabetes
• To learn more about how to get started:
  • Go to Express-Scripts.com or
  • Call Member Services at 1-800-987-8360.
Getting Started with the Express Scripts Pharmacy

• Ask your doctor to fax or submit your prescription electronically. Prescriptions are processed and delivered within 5 to 8 calendar days (after receipt of your prescription).

• Mail in your prescription.
  ▪ Print a mail-order form.
  ▪ Mail prescription and completed order form to the Express Scripts Pharmacy.
  ▪ First-time orders will usually be delivered within 8 to 11 calendar days after we receive your order.

Its easy to get started with mail service

<table>
<thead>
<tr>
<th>ePrescribe</th>
<th>Web/Mobile App</th>
<th>Member Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians can ePrescribe prescriptions directly to the Express Scripts Pharmacy</td>
<td>Savings opportunities called out on the dashboard</td>
<td>Member services can transfer an existing prescription</td>
</tr>
<tr>
<td></td>
<td>Patients can request prescription transfers with a click of a button</td>
<td>Mail in your prescription</td>
</tr>
</tbody>
</table>
Refilling Prescriptions at the Express Scripts Pharmacy

- When you have a 14-day supply of your medication remaining, you can order refills:
  - Online at Express-Scripts.com
  - By phone: Call us toll-free at 1-800-987-8360
  - By mail: Mail in your refill slip (*included with your last prescription order*)
  - Express Scripts Mobile app
- Have some of your prescriptions refilled and sent automatically - sign up for automatic refills
- Refills are processed and delivered within 3 to 5 calendar days (online or phone orders) or 6 to 9 calendar days (mailed-in orders) after receipt of your order

TIP

Refills for long-term prescriptions filled at retail can be transferred to the Express Scripts Pharmacy at Express-Scripts.com
Have a question about a medication?
Call to speak to a pharmacist

You can call one of our pharmacists for general counseling—or an Express Scripts Specialist Pharmacist for complex concerns.

Each Express Scripts Specialist Pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can call an Express Scripts Specialist Pharmacist 24/7 to ask questions about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- The challenges of taking your medication as prescribed—one of the best ways to help maintain or improve your health

To speak to a pharmacist, call Member Services at 1-800-987-8360
Facts About Generic Drugs*

- Generics are commonly used:
  - Eight out of 10 prescriptions filled in the United States are for generic drugs.

- FDA-approved generic drugs are as safe and effective as their brand-name counterparts:
  - The FDA requires generic drugs to have the same quality and performance as their brand-name counterparts.
  - Generic drugs are chemically equivalent to their brand-name counterparts.

- Generics cost less:
  - On average, the cost of a generic drug is 80% to 85% lower than the brand-name product. Actual member savings will depend on the specific prescription plan.

Ask Your Doctor if a Generic Medication Will Work for You

When you receive a prescription from your doctor, or if you are taking brand-name drugs today, ask:

- If a generic version of the medication is available.
- If generic medications are right for you.
- If there are any risks if you change from a brand-name drug to a generic drug.
Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts mobile app

Register now so you can experience:

• **More savings.**
  Compare prices of medicines at multiple pharmacies. Get free standard shipping* from the Express Scripts Pharmacysm.

• **More convenience.**
  Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.

• **More confidence.**
  Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

• **More flexibility.**
  Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

* Standard shipping costs are included as part of your prescription plan benefit.
Pharmacy That Goes Farther

Get Started Today!

• Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.
• Go to express-scripts.com, select Register Now or download the Express Scripts Mobile App for free from your mobile device’s app store and select Register Now
• Complete the information requested, including personal information and member ID number or Social Security Number (SSN), create your user name and password, along with security information in case you ever forget your password
• Click Register now and you’re registered !!
• On the final page, you can set preferences** now, or later in My Account on express-scripts.com
• Click Continue

Members who have Apple’s touch ID authentication on their iPhone or iPad devices can enable it to login to their Express Scripts account on the mobile app, if desired.

** Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

All covered adults (aged 18+) in the household need to register separately.

When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, Android, Windows Phone®, Amazon, and Blackberry® mobile devices.
An app that drives better decisions and healthier outcomes for members on the go

Convenience
- Easy-order refills and up-to-the-minute order status lets members avoid trips to their local pharmacy

Simplicity
- One swipe of the finger is all it takes to stay on track with medications

Peace of Mind
- Reminders and a drug interaction checker help keep members traveling on the road to good health

Versatility
- Flexibility that fits members’ lives, delivering personalized prescription information – whenever & wherever they need it
We’re here to help answer your questions and address your concerns
We’re here to help answer your questions and address your concerns

• Visit Express-Scripts.com.

• Information you will need to complete registration can be found on your prescription drug ID card.

• To get the most from your online account, you’ll also need a recent prescription number to view your personalized information.*

• Call Express Scripts Member Services at 1-800-987-8360, 24 hours a day, 7 days a week except Thanksgiving and Christmas.

Visit www.express-scripts.com/mmc during annual enrollment, to compare drug prices within the different plans as well as see details of each plan.

*A prescription number is not required to register on this site.
Questions and Answers

For privacy purposes, please refrain from asking questions that are specific to medications that you or a family member may be taking.