

Edward Jones Prescription Drug Benefit

Table 1: Summary of plan design rules (In-Network)					
Component	Basic Plan	Premium Plan			
Deductible*	 Associate Only Coverage = \$1,850 Dual Coverage = \$3,700* Family Coverage = \$4,050* 	 Per Person = \$3,300 Family = \$6,550 			
Out of pocket maximum In addition to Annual Deductible	 Per Person = \$1,000 Per Family = \$2,000 	Single = \$0Family = \$0			
Retail- 30 days Supply					
1. Generic	90% after deductible	100% after deductible			
2. Preferred Brand	75% after deductible	100% after deductible			
3. Non-Preferred Brand	75% after deductible	100% after deductible			
Mail- 90 days Supply					
1. Generic	90% after deductible	100% after deductible			
2. Preferred Brand	75% after deductible	100% after deductible			
3. Non-Preferred Brand	75% after deductible	100% after deductible			

Note: Basic Plan participants with Dual or Family coverage must satisfy the entire deductible before the Plan starts to pay. There is no "per person" deductible. Your plan begins to pay the majority of the cost for medications once you satisfy the annual deductible.

PLEASE SEE FOLLOWING PAGES FOR ADDITIONAL IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION COVERAGE, EXCLUSIONS, AND CLINICAL AND SAFETY PROGRAMS.

Edward Jones Rx Safety and Savings Programs

Express Scripts has programs in place to ensure patient safety and help contain prescription expenses for participants and the Plan. It is helpful to review the following information before you fill a prescription.

- Maintenance Through Mail
- Step Therapy Prescription-Drug Program
- Clinical Review Programs

Maintenance Through Mail

If you take prescription maintenance medications (those you take for a long-term health condition, such as high blood pressure or high cholesterol), you may save money by moving your maintenance medications to the Express Scripts mail order service.

3 Fills at Retail before You Pay More

If you are filling a maintenance prescription at a retail pharmacy, such as Walgreen's or CVS, Express Scripts may contact you via mail, email or phone with instructions on how to easily transfer your prescription to mail service. If after the third fill at a retail pharmacy you do not transfer to Medco's mail service, the following will happen:

- Before deductible: You'll pay the full cost of the drug, but only 20% of the cost will be applied toward your deductible and your out-of-pocket maximum.
- After deductible: For the Premium plan, the plan will pay only 80% of the cost of a generic or brand dug as opposed to 100%. For the Basic plan, the plan will pay only 70% of a generic drug instead of 90%, and only 55% of a brand drug instead of 75% (\$15 minimum).

You should continue to get all your short-term drugs, such as antibiotics, at a participating retail pharmacy.

Step Therapy Prescription-Drug Program

When your doctor prescribes a new medication that you will need to take regularly, you may first be required to try a lower-cost option that is likely to be as effective. If after you try it, the first-step drug is not effective for you, the second-step drug will still be covered.

Here's an example:

Aciphex is a brand-name drug that treats acid reflux. The average cost for a month's supply of 20 mg tablets is \$219. Omeprazole, a generic drug in the same class as Aciphex, is available for \$10 a month at most retailers and through the Express Scripts mail service. Given its proven effectiveness and lower cost, Omeprazole is a Step 1 drug. Aciphex is a Step 2 drug.

	Name	Average Monthly Cost	Average Annual Cost
Step 1 Drug	Omeprazole	\$10	\$120
Step 2 Drug	Aciphex	\$219	\$2631
Your Savings		\$209	\$2511

In this example, using the Step 1 drug saves you \$2,511 a year!

In the event your doctor determines a Step 1 drug is not doing the job, you can move to the more costly Step 2 solution. If your doctor identifies a medical reason (i.e., allergies) for the Step 1 drug not being appropriate for you, the doctor can get approval for you to move immediately to the Step 2 drug.

Please review the <u>List of Medications</u> in the Step Therapy Program, and be sure to share it with your doctor before the prescription is written. How Step Therapy Works

- 1. You present your prescription to the pharmacist (whether retail or through mailing your prescription to the Express Scripts mail service).
- 2. If the prescription is for a Step 2 medication, the pharmacist may call your physician to ask which Step 1 alternative in the same medication class would be most appropriate, or you may reach out to your physician to discuss alternatives.
- 3. If your physician determines the Step 1 drug is not the optimal drug for your condition, then the doctor can review your situation with an Express Scripts pharmacist, who can approve you for a Step 2 drug.

Clinical Review Programs

To protect patient safety, some extra steps might be required to fill a prescription if the drug is on one of the program lists below. The purpose of these requirements is to ensure that drugs prescribed for certain conditions are the appropriate choice, dose and quantity. Express Scripts will review your prescription history and can identify potential drug interactions and other safety concerns that your doctor may not be aware of.

Note: As new drugs become available in the marketplace, rules are automatically updated; therefore specific drugs under each category are subject to change.

Smart Prior Authorization

This program automatically applies a set of rules for certain prescription drugs to determine if the medication, dose and quantity are appropriate for the patient's condition. By applying factors that are on file with Express Scripts — such as the member's medical history, drug history, age or sex — the drug can often be dispensed without further evaluation. Drugs in this review category include:

- Rheumatoid Arthritis
 - Enbrel
 - o Humira
 - o Kineret
 - Remicade
 - o Arava
 - Cimzia
 - o Simponi
 - o Orencia
- RSV
 - Synagis
 - Pulmonary Arterial Hypertension
 - o Adcirca
 - o Letairis
 - o Revatio
 - Tracleer
 - o Tyvaso
 - Ventavis
- Luekotriene Antogonists
 - Singulair
- Cox II inhibitors
 - Celebrex
 - Anti-Convulsant
 - Topamax
 - o Zonegran
 - o Lyrica
 - Dermatologicals
 - Protopic
 - Elidel
- Angiotensin II Receptor Blockers
 - Atacand/Atacand HCT
 - Teveten/Teveten HCT
 - Avapro/Avalide
 - Cozaar/Hyzaar
 - Micardis/Micardis HCT
 - Diovan/Diovan HCT
 - o Benicar/Benicar HCT

Traditional Prior Authorization

Any time your doctor prescribes one of the following drugs, pre-approval is required. Express Scripts will determine if established clinical conditions are met before these drugs will be covered by the plan. Drugs in this review category include:

- Oncology
 - o Avastin
 - o Dacogen
 - Erbitux
 - Gleevec
 - o Iressa
 - Nexavar
 - Revlimid
 - o Sprycel
 - Sutent
 - o Tarceva
 - Tasigna
 - Temodar
 - Thalomid
 - Torisel
 - o Tykerb
 - Vectibix
 - Vidaza
 - Zolinza
- Erythroid Stimulant
 - Procrit
 - o Epogen
 - o Aranesp
- Growth Hormones
 - o Humatrope
 - o Nutropin
 - o Serostim
 - o Saizen
 - Norditropin
 - o Genotropin
 - Tev Tropin
 - o Omnitrope
 - Valtropin
 - Accretropin
 - Protropin
- Dermatologicals
 - Retin-A
 - Tazorac
 - Regranex

- Multiple Sclerosis
 - o Betaseron
 - Avonex
 - o Rebif
 - o Copaxone
 - o Tysabri
 - Extavia
 - Novantrone
 - Myeloid Stimulants
 - Neumega
 - Neupogen
 - Leukine
 - Neulasta
- Interferons
 - o Infergen
 - Intron-A
 - o Alferon
 - PEG-Intron
 - Pegasys
- Cosmetic
 - Botox
 - $\circ \quad \text{Myobloc}$
- Anti-Narcoleptic
 - Provigil
 - Nuvigil
- Androgens and Anabolic Steroids
 - o **Testim**
 - Oxandrin
 - Testosterone
 - o Methyltestosterone
- Anorexiants
 - o Xenical
 - o Meridia

Dose and Quantity Duration

The following drugs are subject to quantity and dose review. If the prescription exceeds the program's maximum-allowed quantity, your doctor will need to submit a coverage review and obtain prior authorization. Drugs in this review category include:

- Anti-Narcoleptic
 - Provigil
 - Nuvigil
 - Hypnotic Agents
 - Ambien (CR)
 - o Lunesta
 - Sonata
 - Rozerem
 - o Silenor
 - o Edluar

- Migraine Therapy
 - o Imitrex
 - Amerge
 - o Axert
 - o **Frova**
 - Treximet
 - o Zomig
 - Sumavel
 - Maxalt
 - Relpax
 - o Anti-Influenza
 - o Tamiflu
 - Relenza

How Authorization Works

Through Retail Pharmacy: If you submit a prescription for a drug that has a coverage requirement under one of the programs above, your pharmacist will notify you. If additional information is required from your doctor, the pharmacist will give you or your doctor the toll-free Express Scripts clinical review phone number.

Through Mail Service Pharmacy: Express Scripts will contact your doctor directly to obtain the necessary clinical information.

Please note: It may take up to two business days for Express Scripts and your doctor to discuss your situation.

- If the request is approved, you will be notified by phone and written notification will be sent to your doctor. If you can't be reached by phone, written notification will be sent.
- If the request is denied or the quantity is reduced, written notification will be sent to you and your doctor. The written notification describes the decision and also provides instructions for filing an appeal to Express Scripts.