

# **Southern Methodist University**

## **Prescription Drug Plan**

Effective:  
January 1, 2013

Administered by:  
Express Scripts  
(Formerly Medco Health Solutions, Inc. “Medco”)

Group Number:  
SMURXS1

## GENERAL PLAN INFORMATION

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). It is not a part of your booklet. Your Plan Administrator has determined that this information together with the information contained in your booklet is the Summary Plan Description required by ERISA.

<b>Name of Plan:</b>	Southern Methodist University Health & Wellness Plan
<b>Type of Plan:</b>	Self-funded plan providing prescription drug coverage.
<b>Plan Number:</b>	502
<b>Plan Administrator:</b>	Southern Methodist University 6425 Boaz Lane Dallas, Texas 75205 214-768-2000
<b>Group Number:</b>	SMURXS1
<b>Employer Tax ID Number:</b>	75-0800689
<b>Plan Effective Date:</b>	January 1, 2013
<b>Plan Renewal Date:</b>	January 1
<b>Plan Year Ends:</b>	December 31
<b>Agent for Legal Service:</b> (Process may be serviced Upon the Plan Administrator)	Southern Methodist University 6425 Boaz Lane Dallas, Texas 75205 214-768-2000
<b>Contract Administrator:</b>	Express Scripts (Medco) 100 Parsons Pond Drive Franklin Lakes, New Jersey 07417
<b>Named Fiduciary:</b>	Southern Methodist University 6425 Boaz Lane Dallas, Texas 75205 214-768-2000
<b>Contributions:</b>	The cost of coverage provided by the Employer will be funded in part by Employer contributions and in part by employee contributions. The Employer will determine and periodically communicate the employee's share of the cost of coverage, and it may change that determination at any time.
<b>Funding:</b>	Coverage for employees and their eligible dependents are paid in part by the Employer out of its general assets and in part by employee contributions.

<b>Eligibility for Coverage:</b>	Employees regularly scheduled to work 20 hours or more per week are eligible to enroll for coverage during the first 31 days of continuous employment. Refer to “ <b>Employee Eligibility</b> ” section.
<b>Effective Date of Coverage:</b>	Coverage is effective date of hire. Refer to “ <b>Employee Eligibility</b> ” section.
<b>Termination Date of Coverage:</b>	For bi-weekly compensated employees, coverage terminates the last day of the pay period during which termination of employment occurs. For monthly compensated employees, coverage terminates the last day of the month during which termination occurs.
<b>Important Disclaimer:</b>	Benefits hereunder are provided pursuant to a governing plan document adopted by the Employer. If the terms of this document conflict with the terms of such governing plan document, the terms of the governing plan document will control, rather than this document, unless otherwise required by law.

## Prescription Drug Coverage

Your medical plan includes prescription drug benefits, but they are **not** provided by Blue Cross and Blue Shield of Texas (BCBSTX). Instead, prescription drug benefits are provided through Express Scripts (Medco).

This Plan is self insured by Southern Methodist University, Express Scripts (Medco) provides claim administration services to the Plan, but they do not insure the benefits described. Southern Methodist University fully intends to maintain this Plan indefinitely. However, it reserves the right to terminate, suspend, discontinue or amend the Plan at any time and for any reason. Changes in the Plan may occur in any or all parts of the Plan including benefit coverage, deductibles, maximums, copays, coinsurance, exclusions, limitations, definitions, eligibility and the like. If the Plan is terminated, amended, or benefits are eliminated, the rights of covered persons are limited to covered charges incurred before termination, amendment or elimination. Failure to follow the eligibility or enrollment requirements of this Plan may result in delay of coverage or no coverage at all. These provisions are explained in summary fashion in this SPD.

The Plan will pay benefits only for the expenses incurred while this coverage is in force. No benefits are payable for expenses incurred before coverage began or after coverage terminated, even if the expenses were incurred as a result of an accident, injury or disease that occurred, began or existed while coverage was in force. An expense for a service or supply is incurred on the date the service or supply is furnished.

### Eligibility

When you enroll in a medical plan administered by Blue Cross and Blue Shield of Texas (BCBSTX), you are automatically enrolled in the Prescription Drug Plan through Express Scripts (Medco). All Eligibility provisions specified in the Blue Cross and Blue Shield of Texas (BCBSTX) Summary of Coverage and Summary Plan Description apply to this Plan.

### Eligible Employee

An eligible employee is an active employee who normally works at least 20 hours per week and is actively enrolled in the medical plan administered by Blue Cross and Blue Shield (BCBSTX).

In order for coverage of an eligible employee and his or her eligible Dependents to take effect, the Employee must submit make benefit elections online through Access.SMU Employee Self-Service within 31 days from the employee's date of hire. If enrolled on time, medical and prescription drug plan coverage will be effective on the Employee's date of hire. If the Employee does not enroll within the 31 day period, the Employee will not be able to enroll for coverage until the next annual open enrollment period.

## **Eligible Dependent**

An eligible dependent includes the following:

1. The eligible Employee's legal spouse (as defined by federal and applicable state law in which the employee resides), including a "common law" spouse or spouse pursuant to "informal marriage", or a same gender domestic partner in which you can prove financial interdependency and cohabitation. Refer to the Domestic Partners Benefits Policy (Policy Number 9.37) of the Southern Methodist University, Policies and Procedures, Human Resource Department. Southern Methodist University has the right to require any necessary documentation from the employee needed to prove marriage.
2. A dependent child:
  - a. Who is less than twenty-six (26) years of age;
  - b. Who is any age and became physically/mentally disabled prior to the age of 26 and is incapable of self-support (proof of disability is required).

A "child" is defined as: (i) a natural child of the employee, (ii) a stepchild of the employee, including children of the employee's domestic partner, (iii) a legally adopted child of the employee, or the employee's legal spouse or domestic partner is a party in a suit in which the adoption of the child is sought; (iv) a child of your child who is the employee's dependent for federal income tax purposes at the time of application of coverage of the child of your child is made; (v) a child that is a recipient under a Qualified Medical Child Support Order(s) ordered for the employee or the employee's legal spouse or domestic partner; or (vi) any other child for whom the eligible employee has been appointed legal guardian.

An eligible employee must be covered first in order to cover his or her eligible dependents. If an eligible employee is married to another eligible employee, neither may cover the other as a dependent, and only one spouse may cover any Dependent children.

## **ID Cards**

You will receive a combined medical and prescription benefit ID card from BlueCross BlueShield of Texas upon enrollment in the plan. Present your ID card when filling a prescription at the pharmacy. Should you need additional or replacement ID cards, please contact BCBS Member Services at 1-877-SMU-2005 or visit [www.bcbstx.com](http://www.bcbstx.com) to either request a new card or print a temporary card.

## **Member Services**

If you have questions you may call Express Scripts (Medco) Member Services 24 hours a day, seven days a week toll free at **1-800-711-0917** or you may visit the Express Scripts (Medco) website at [www.medco.com](http://www.medco.com). If necessary, a registered pharmacist is available for emergency consultations.

## **Express Scripts (Medco) on the Internet**

Visit the Express Scripts (Medco) website [www.medco.com](http://www.medco.com) for patient education and safety tips. You can also obtain up to 18 months history of mail order and 12 months of your retail prescription history. In addition, you can use the automated pharmacy locator, order home delivery refills, and check the status of your mail order pharmacy service prescriptions all online.

## **My Rx Choices**

You can access My Rx Choices online at [www.medco.com/save](http://www.medco.com/save) and review the confidential prescription drug comparison that has been prepared especially for you. If there are money-saving alternatives available for you, you'll see a list of the drugs you take on an ongoing basis, their costs, and lower-cost alternatives—including choices like lower-cost brand-name drugs and generic drugs. You can choose to stay on your current medications or to ask your doctor to consider a lower-cost alternative. Your choices can be sent to your doctor for review and you will be notified of any changes to your prescriptions. No changes are ever made without your doctor's approval.

## **Prescription Drug Definition**

A prescription drug is any of the following:

- A drug, biological, or compounded prescription which, by Federal Law, may be dispensed only by prescription and which is required to be labeled "Caution: Federal Law prohibits dispensing without prescription."

## **Participating Pharmacies (In Network)**

To find a Participating Pharmacy nearest you, call Member Services toll free at 1-800-711-0917 or visit the website at [www.medco.com](http://www.medco.com) to use the online interactive pharmacy locator. When you present your ID Card at a Participating Pharmacy, you are charged according to the Pharmacy Copayment Schedule and there are no claim forms to file.

## **Non-Participating Pharmacy (Out-of-Network)**

If you have a prescription filled at a pharmacy which is not participating with Express Scripts (Medco), you will be required to pay the pharmacy the full amount of the charge and submit a claim form with an itemized receipt for reimbursement. The Plan will pay benefits based on the coinsurance amount it would have paid under the Plan at a Participating Pharmacy, and you will be responsible for higher out-of-pocket costs.

If you do not use your prescription card at the Participating Pharmacy, you will be responsible for 100% of the prescription retail price at the time of purchase. You will need to submit a completed claim form to Express Scripts (Medco) for reimbursement by mailing it to the address on the claim form. These forms may be found online at the website [www.medco.com](http://www.medco.com).

The Plan will not cover any price difference between the amount charged by the pharmacy and the discounted amount that would have been charged if you had presented your ID Card. You will be responsible for this amount in addition to your copayment amount.

## **Formulary Drugs (Preferred Prescriptions Formulary)**

The plan includes a Formulary structure. A Formulary is a list of commonly prescribed medications that have been selected for their clinical effectiveness, safety and cost. By asking your doctor to prescribe Formulary medications, you can help control health care costs while maintaining high-quality care and you will pay less in copays.

## **Non-Formulary Drugs (Non-Preferred Prescriptions)**

Brand name and generic prescription drugs that are covered, but are not on the Formulary drug list. You will pay a higher copay if you purchase Non-Formulary drugs than you pay for Formulary drugs.

## **Pharmacy Copayments**

The Plan provides three (3) different copayment levels for covered prescription drugs. Your copayment will be determined based on:

- Which medical plan you are enrolled in; and

- Whether the medication is a generic or a brand name; and
- Whether the medication is a Preferred Formulary or Non-Preferred Formulary drug; and
- What the cost of the drug is.

Express Scripts (Medco) will routinely review the drugs in the tier levels and periodically adjust the status of existing or new drugs. To determine any adjustment in a drug's tier level, contact Express Scripts (Medco) at the number on your ID Card or at [www.medco.com](http://www.medco.com).

### Pharmacy Copayment Schedule for Retail Scripts

Retail (30-day supply)	In-Network You Pay...
<b>\$1,000, \$2,000 Deductible PPO Options</b>	You must meet a \$100 deductible <b>each year</b> for any brand-name medications; then, you pay the following amounts:
	Generic: 30% of cost
	Preferred Brand Name: 30% of cost
	Non-Preferred Brand Name: 50% of cost
	Specialty Medication: 30% of cost (up to \$225 max per script)
<b>\$2,500 Deductible PPO Option With HSA</b>	You pay 100% of the cost until you have met the annual plan deductible; then, you pay the following amounts:
	Generic: 30% of cost
	Preferred Brand Name: 30% of cost
	Non-Preferred Brand Name: 50% of cost
	Specialty Medication: 30% of cost (up to \$225 per script)

### Pharmacy Copayment Schedule for Mail Order Scripts

Mail Order (90-day supply)	You Pay...
<b>\$1,000, \$2,000 Deductible PPO Options</b>	You must meet a \$100 deductible <b>each year</b> for any brand-name medications; then, you pay the following amounts:
	Generic: 30% of cost up to \$20
	Preferred Brand Name: 30% of cost up to \$98
	Non-Preferred Brand Name: 50% of cost
<b>\$2,500 Deductible PPO Option With HSA</b>	You pay 100% of the cost until you have met the annual plan deductible; then, you pay the following amounts:
	Generic: 30% of cost up to \$20
	Preferred Brand Name: 30% of cost up to \$98
	Non-Preferred Brand Name: 50% of cost

**Important Note:** Whenever there is a generic drug available, it will be substituted for a brand name drug, unless otherwise directed by your physician as —Brand Necessary on your prescription. If you choose a brand-name drug when a generic is available, you will pay 100% of the cost.

## **Women's Health Preventive Care Benefit**

### **Family Planning Services – Female Contraceptives**

For females up to age 50, covered expenses include those charges incurred for supplies that are provided to prevent pregnancy including, but not limited to: oral contraceptives, emergency contraceptives, cervical caps, diaphragms, implantable contraceptives, intra-uterine devices (IUDs), injectables, transdermal contraceptives and intravaginal contraceptives. Please refer to your BCBSTX benefit booklet for your SMU Health & Welfare Plan for additional counseling services that may be covered by this women's preventive care benefit. All contraceptive methods, services and supplies covered under this Preventive Care benefit must be approved by the U.S. Food and Drug Administration (FDA). This list may change as FDA guidelines are modified.

For the most up to date information, please call the Medco/ESI number on the back of your ID card.

### **Contraceptives Covered by the Plan at 100% When Using In-Network Benefits**

In addition to the Plan providing access to the medication categories listed above as a covered benefit, the following generic and over-the-counter contraceptive methods will not be subject to coinsurance, deductibles, or copayment amounts when accessed at an in-network pharmacy:

- Female contraceptives that are generic prescription drugs (i.e. FDA-approved oral, injectable, and emergency contraceptives);
- Female contraceptive devices that are generic devices including the related services and supplies needed to administer the device (i.e. diaphragms, IUDs);
- Female over-the-counter contraceptive drugs (i.e. intravaginal products such as VCF)
- Female over-the-counter non-drug contraceptives (i.e. female condom)

When contraceptive methods (including over-the-counter items) are obtained at a pharmacy, prescriptions must be submitted to the pharmacist for processing.

### **Limitations:**

Unless specified above, not covered under this Women's Health Preventive Care benefit are charges for:

- Services which are for the treatment of an identified illness or injury;
- Abortifacient drugs/abortion pills
- Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA;
- Male contraceptive methods, sterilization procedures or devices;

#### Limitations on Quantities Dispensed

The Plan will pay for the dispensing of up to a 30-day supply of a covered drug on each occasion when you have a prescription filled or refilled at a participating pharmacy. A copayment amount applies to each fill, for up to a 30-day supply of drugs dispensed. When a prescription is dispensed in a kit or vial, rather than a day supply, a copayment may be applied per kit or vial. To determine the limitations on the number of kits or vials dispensed, or the applicable copayment, contact Express Scripts (Medco) directly.

### **Express Scripts (Medco) Pharmacy (Mail Order)**

Express Scripts (Medco) Pharmacy should be used to obtain long-term medications for chronic health conditions, such as high blood pressure medication. Long-term medications are those which are usually taken for 3 months or more. The copayments for medications purchased through the mail pharmacy service are listed in the Pharmacy Copayment Schedule.

The Plan will provide for up to a 90-day supply of a covered drug when a prescription is filled or refilled through the Express Scripts (Medco) Pharmacy. Ask your doctor to write a 90 day prescription for up to a 90-day supply, plus refills for up to 1 year (as appropriate). A prescription must be written with 90-day refills to take advantage of the savings under this program. Prescriptions are filled as written. If a prescription is written for less than the 90-day amount and filled through the mail order service, you will be charged the full mail order copayment.

To use Express Scripts (Medco) Pharmacy, you may mail your original 90 day prescription, the Express Scripts (Medco) Pharmacy Order form and your applicable copay to:

**Mail To:** EXPRESS SCRIPTS (MEDCO)  
**Address:** PO BOX 650322  
**City, State, Zip:** DALLAS, TEXAS 75265-322

For more information on how to utilize this program, please contact Express Scripts (Medco) at (800) 711-0917 or visit the website at [www.medco.com](http://www.medco.com). Express Scripts (Medco) Pharmacy forms may be found online at the website [www.medco.com](http://www.medco.com).

To order **new prescriptions** through the mail order service, follow these easy steps:

- Step 1:** Ask your doctor for two prescriptions: one for the initial 30-day supply, plus a refill prescription for up to a 90-day supply.
- Step 2:** Have the 30-day prescription filled at a participating retail pharmacy.
- Step 3:** Order the refill through the mail order service by mailing the refill prescription and applicable mail order copayment in the special order envelope. The order envelope will be mailed to you with your ID card.

To order **additional refills** through the Express Scripts (Medco) Pharmacy:

- Call Member Services at 1-800-473-3455 and use the automated refill system; or
- Mail your refill slip and appropriate co-payment in the special order envelope; or
- Visit the Express Scripts (Medco) website at [www.medco.com](http://www.medco.com) to order online.
- Your order will be processed promptly – usually within 48 hours of receipt and your medication will be sent to you via U.S. Mail or UPS along with instructions for future refills, if applicable. After processing, please allow approximately one week for normal mail delivery.
- You may check the status of your order by visiting the Express Scripts (Medco) website at [www.medco.com](http://www.medco.com).

## **Pharmacy Management Programs**

Additional programs are in place to assist in managing pharmacy costs while continuing to provide the prescriptions you need. Please read this section carefully. If you have questions about these programs, you may contact Express Scripts (Medco) Member Services at 1-800-711-0917 to obtain more information.

### **Generic Incentive**

This program is designed to encourage the use of generic drugs, which usually cost 80-87% less than brand name drugs. Your provider has the option to indicate "Brand Necessary" in writing on the Prescription if the generic drug is not acceptable. In this instance, you would be required to pay the brand name drug copay only.

When a generic drug is available, your doctor does not indicate "dispense as written" and you purchase a brand name drug, you will pay 100% of the cost.

### **Utilization Management Programs**

This plan has a Utilization Management (UM) program in place. The UM program has various clinical rules (Prior Authorization, Step Therapies, etc.) based on the drug. The retail pharmacist or Express Scripts (Medco) will notify you if your Prescription falls under one of these program rules.

Some medications are covered by this plan only for certain diagnosis/uses or in certain quantities. For example, a drug may not be covered when it is used for cosmetic purposes. Also, sometimes drugs are covered, but the quantity covered may be limited. In these cases, the pharmacy will let you know if additional information is required for your prescription to be covered.

### **Smoking Cessation – Duration Limitations**

Express Scripts (Medco) will monitor duration limits for smoking cessation drugs. You may contact Express Scripts (Medco) for more information.

### **Weight Management – Quantity Limitations**

Express Scripts (Medco) will monitor quantity limits for weight management drugs. You may contact Express Scripts (Medco) for more information.

## **When Prescription Drug Benefits Are Not Paid**

The Plan does not cover:

1. Drugs which do not by law require a prescription order from a provider (except injectable insulin); and drugs, insulin, or covered devices for which no valid prescription order is obtained. (Actually, even though some insulins don't require a prescription so do...but for coverage under the pharmacy benefit they all need a valid prescription)
2. Devices or durable medical equipment of any type (even though such devices may require a prescription order), such as, but not limited to, therapeutic devices, artificial appliances, or similar devices (except disposable hypodermic needles and syringes for self-administered injections).
3. Administration or injection of any drugs.
4. Vitamins (except those vitamins which by law require a prescription order and for which there is no non-prescription alternative).
5. Drugs dispensed in a physician's office or during confinement while a patient in a hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility.
6. Covered drugs, devices, or other pharmacy services or supplies provided or available in connection with an occupational sickness or an injury sustained in the scope of and in the

course of employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation Law.

7. Covered drugs, devices, or other pharmacy services or supplies for which benefits are, or could upon proper claim be, provided under any present or future laws enacted by the legislature of any state, or by the Congress of the United States, or the laws, regulations or established procedures of any county or municipality, or any prescription drug which may be properly obtained without charge under local, state, or federal programs, unless such exclusion is expressly prohibited by law; provided, however, that the exclusions of this section shall not be applicable to any coverage held by the participant for prescription drug expenses which is written as a part of or in conjunction with any automobile casualty insurance policy.
8. Any services provided or items furnished for which the pharmacy normally does not charge.
9. Drugs for which the pharmacy's usual and customary charge to the general public is less than or equal to the amount of the appropriate prescription drug copayment amount.
10. Non-systemic contraceptives, devices or implants (IUDs, diaphragms, etc.)
11. Any prescription antiseptic or fluoride mouthwashes, mouth rinses, or topical oral solutions or preparations.
12. Cosmetic drugs used primarily to enhance appearance, including, but not limited to, correction of skin wrinkles and skin aging.
13. Any Retin-A or pharmacologically similar topical drugs for participants age 35 and older, unless medically necessary.
14. Drugs required by law to be labeled: "Caution – Limited by Federal Law to Investigational Use," or experimental drugs, even though a charge is made for the drugs.
15. Covered drugs dispensed in quantities in excess of the Day Supply amounts stipulated under Limitations on Quantities Dispensed or refills of any prescriptions in excess of the number of refills specified by the physician or by law, or any drugs or medicines dispensed more than one year following the prescription order date.
16. Legend drugs which are not approved by the U.S. Food and Drug Administration (FDA) for a particular use or purpose or when used for a purpose other than the purpose for which FDA approval is given.
17. Fluids, solutions, nutrients, or medications (including all additives and chemotherapy) used or intended to be used by intravenous or gastrointestinal (internal) infusion or by intravenous injection in the home setting.
18. Drugs used or intended to be used in a manner which would be illegal, unethical, imprudent, abusive, not medically necessary, or otherwise improper.
19. Drugs obtained by unauthorized, fraudulent, abusive, or improper use of the ID Card.
20. Drugs used or intended to be used in the treatment of a condition, sickness, disease, injury, or bodily malfunction which is not covered under the Plan or for which benefits have been exhausted.
21. Rogaine, minoxidil or any other drugs, medications, solutions or preparations used or intended for use in the treatment of hair loss, hair thinning or any related condition, whether to facilitate or promote hair growth, to replace lost hair, or otherwise.
22. Any special services provided by the Pharmacy, including but not limited to counseling and delivery.
23. Athletic performance enhancement drugs
24. Ostomy Supplies

25. Glucowatch products/Sensors
26. Mifeprex
27. Allergy Sera
28. Biologicals, Immunization agents or Vaccines
29. Blood or blood plasma products
30. Miscellaneous Urological Medications
31. Fertility Medications (Progestines)
32. Any services or supplies not specifically defined as covered drugs herein.

## **Appeal Process**

**For all claims other than member submitted paper claims.**

### **First Level of Appeal**

When a request for a medication requiring prior approval is denied, you and/or your prescribing physician have the opportunity to appeal the decision. The physician must provide Express Scripts (Medco)'s Managed Prior Authorization Unit at 1-800-753-2851 with additional information required to support the use of the drug for the patient. The Express Scripts (Medco) Managed Prior Authorization pharmacist will evaluate the information to determine if the drug use is medically appropriate. The patient and physician are advised of the appeal decision. If approval is granted, benefits are authorized for the proposed drug therapy. If the drug is deemed medically inappropriate, the request for the appeal is denied. You and/or the physician then have the opportunity to appeal the decision using the Plan's second-level claim appeal procedures.

### **Second Level of Appeal**

In the event you receive an adverse determination following a request for coverage of a prescription benefit claim, you have the right to appeal the adverse benefit determination in writing within 180 days of receipt of notice of the initial coverage decision. To initiate an appeal for coverage, you or your authorized representative (such as your physician), must provide in writing, your name, member ID, phone number, the prescription drug for which benefit coverage has been denied and any additional information that may be relevant to your appeal. This information should be mailed to Express Scripts (Medco) at the address provided below. A decision regarding your appeal will be sent to you within 15 days of receipt of your written request. The notice will include the specific reasons for the decision and the plan provisions on which the decision is based. You have the right to receive, upon request and at no charge, the information used to review your appeal.

**Mail To :** EXPRESS SCRIPTS (MEDCO) ADMINISTRATIVE REVIEWS

**Address:** 8111 ROYAL RIDGE PKWY

**City, State, Zip:** IRVING TX, 75063-0000

**Attention:** EXPRESS SCRIPTS (MEDCO)

If you are not satisfied with the coverage decision made on appeal, you may request in writing, within 90 days of the receipt of notice of the decision, a second level appeal. To initiate a second level appeal, you or your authorized representative (such as your physician), must provide in writing, your name, member ID, phone number, the prescription drug for which benefit coverage has been denied and any additional information that may be relevant to your appeal. This information should be mailed to:

**Mail To :** EXPRESS SCRIPTS (MEDCO) ADMINISTRATIVE REVIEWS  
**Address:** 8111 ROYAL RIDGE PKWY  
**City, State, Zip:** IRVING TX, 75063-0000  
**Attention:** EXPRESS SCRIPTS (MEDCO)

A decision regarding your request will be sent to you in writing within 15 days of receipt of your written request for appeal. You have the right to receive, upon request and at no charge, the information used to review your second level appeal. The decision made on your second level appeal is final and binding.

If you are not satisfied with the decision of the second level appeal, you also have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) if your second level appeal is denied.

In the case of a claim for coverage involving urgent care, you will be notified of the benefit determination within 72 hours of receipt of the claim. An urgent care claim is any claim for treatment with respect to which the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function, or in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed. If the claim does not contain sufficient information to determine whether, or to what extent, benefits are covered, you will be notified within 24 hours after receipt of your claim, of the information necessary to complete the claim. You will then have 48 hours to provide the information and will be notified of the decision within 48 hours of receipt of the information.

You have the right to request an urgent appeal of an adverse determination if you request coverage of a claim that is urgent. Urgent appeal requests may be oral or written. You or your physician may call 1-800-753-2851 or send a written request to: information should be mailed to:

**Mail To :** EXPRESS SCRIPTS (MEDCO) ADMINISTRATIVE REVIEWS  
**Address:** 8111 ROYAL RIDGE PKWY  
**City, State, Zip:** IRVING TX, 75063-0000  
**Attention:** EXPRESS SCRIPTS (MEDCO)

In the case of an urgent appeal for coverage involving urgent care, you will be notified of the benefit determination within 72 hours of receipt of the claim. This coverage decision is final and binding. You have the right to receive, upon request and at no charge, the information used to review your appeal. You also have the right to bring a civil action under section 502(a) of ERISA if your final appeal is denied.

### **Member Submitted Paper Claims**

Your plan provides for reimbursement of prescriptions when you pay 100% of the prescription price at the time of purchase. This claim will be processed based on your plan benefit. You will receive an explanation of benefits within 30 days of receipt of your claim. If you are not satisfied with the decision regarding your benefit coverage, you have the right to appeal this decision in writing within 180 days of receipt of notice of the initial decision. To initiate an appeal for coverage, you or your authorized representative (such as your physician), must provide in writing, your name, member ID, phone number, the prescription drug for which benefit coverage has been reduced or denied and any additional information that may be relevant to your appeal. This information should be mailed to:

**Mail To :** EXPRESS SCRIPTS (MEDCO)  
**Address:** P.O. BOX 14711

City, State, Zip: LEXINGTON, KY 40512

## ERISA Rights

As a participant in the group benefit plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

### **Receive Information about Your Plan and Benefits**

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) that is filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series), and an updated Summary Plan Description. The Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Receive a copy of the procedures used by the Plan for determining a qualified domestic relations order (QDRO) or a qualified medical child support order (QMCSO).

### **Continue Group Health Plan Coverage**

Continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan for the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months after your enrollment date in your coverage under this Plan. Contact your Plan Administrator for assistance in obtaining a certificate of creditable coverage.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in your interest and that of other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$ 110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the status of a domestic relations order or a medical child support order, you may file suit in a federal court.

If it should happen that plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### **Assistance with Your Questions**

If you have any questions about your Plan, you should contact the Plan Administrator.

If you have any questions about this statement or about your rights under ERISA, you should contact:

- The nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or
- The Division of Technical Assistance and Inquiries, Employee Benefits 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 Benefits Security Administration.