The Reta Trust – EnvisionRx Prescription Drug Plan
Pharmacy Schedule of Benefits

<table>
<thead>
<tr>
<th>Summary of Benefits</th>
<th>Generic</th>
<th>Brand Preferred</th>
<th>Brand Non Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy Copayment (per Prescription Unit or up to 30 days)</td>
<td>$10</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Retail Pharmacy Copayment (up to 3 Prescription Units or up to 90 days)</td>
<td>$30</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Mail-Service Pharmacy Copayment (up to 3 Prescription Units or up to 90 days)</td>
<td>$20</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Specialty Pharmacy Copayment (up to 30 days)</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

What is my Schedule of Benefits?
This Schedule of Benefits provides specific details about your Prescription Drug Benefit, as well as its exclusions and limitations.

How do I use my Prescription Drug Benefit?
Your Prescription Drug Benefit helps to cover the cost for some of the medications prescribed by a licensed Physician. Using your benefit is simple.
- Present your doctor's prescription and EnvisionRx ID card at any EnvisionRx Participating Pharmacy.
- Pay the Copayment for a Prescription Unit or its retail cost, whichever is less.
- Receive your medication.

What do I pay when I fill a prescription?
You will pay a Copayment when filling a prescription at an EnvisionRx Participating Pharmacy. You will pay a Copayment every time a prescription is filled until you reach your medical plan annual out-of-pocket maximum. Your benefits are as follows:
- When you fill or refill a prescription for a generic medication, your Copayment is $10 for a 30-day supply.
- When you fill or refill a prescription for a Preferred brand-name medication, your Copayment is $20 for a 30-day supply.
- When you fill or refill a prescription for a Non-Preferred brand-name medication, your Copayment is $40 for a 30-day supply.

Maintenance Medications
For all Maintenance Medications you are allowed a 90 day supply at retail or through EnvisionMail.
Option 1: Fill at retail pharmacy for a 90 day supply for three times the standard copay.
Option 2: Fill at EnvisionMail for a 90 day supply for the mail order copay.
If you choose to switch to mail order, please contact EnvisionMail at 1-866-909-5170 to set up your account.

To use EnvisionPharmacies, you must REGISTER using any of the following three easy options:
1. **Online: (Recommended method)** Visit [www.envisionpharmacies.com/mail](http://www.envisionpharmacies.com/mail) and select ‘Enroll Now.’ Use your ID card to complete the registration, Your account will activate within 24 hours, and you will receive an email confirmation.
2. **Phone:** Call EnvisionPharmacies Customer Service at 1-866-909-5170 to speak with a representative.
3. **Mail:** Complete the Registration and Prescription Order Form available at envisionpharmacies.com/Mail/MailResources.
Once registered at envisionpharmacies.com/mail, you have several options to get started:

1. **E-prescribe:** Ask your doctor to send a new prescription using the number: NCPDP 36-77361.
2. **Phone:** Call our Customer Service team at 866-909-5170. We will reach out to your physician to get your prescription transferred and answer any additional questions you may have.
3. **Mail:** Mail your new prescription to us at: 7835 Freedom Ave. NW, North Canton, OH 44720 with the Prescription Order Form available at envisionpharmacies.com/Mail/MailResources.

**When I fill a prescription, how much medication do I receive?**

- For a single retail Copayment, Members receive either one Prescription Unit or up to a 30-day supply of a drug.
- When you use the EnvisionMail Service Pharmacy program, you will receive three Prescription Units or up to a 90-day supply of maintenance medications.

**Dispense As Written Penalty**

Your prescription drug benefit applies a Dispense as Written (DAW) penalty to brand name medications that have a generic available. A DAW Penalty is the difference in price between the brand name medication and its available generic equivalent.

- If you currently take a brand name medication that has a generic equivalent available, you may continue to have access to these drugs but the DAW penalty will be applied in addition to your copayment.
- To reduce your out of pocket expenses, we recommend consulting with your health care provider to see if you can use a generic alternative. Generic and brand medications must meet the same standards set by the U.S Food and Drug Administration for safety and effectiveness.
- Always talk to your doctor before discontinuing or changing any medication. If you have medical questions please contact your health care provider. We encourage you to work with your physician to determine which medication options are best for you.
- If the generic alternative is not right for you, you may request an exception (see below).
- Should you have additional questions, please contact the EnvisionRx Customer Service Help Desk at 844-852-7437.

**How can I request a DAW exception?**

You can call EnvisionRx at **1-844-852-7437**, and ask them to fax an exception form to your Physician. Please note: your physician must complete and submit the form to EnvisionRx using the fax number on the form. EnvisionRx will perform a detailed clinical review and then notify you and your physician of the decision. If you disagree with the decision, you have the right to file an appeal with EnvisionRx.

**What else do I need to know?**

- You should become familiar with EnvisionRx’ prescription drug Select Formulary. Any medication not on the Select Formulary is excluded. For more information on the Select Formulary, please visit [www.EnvisionRx.com](http://www.EnvisionRx.com).
- For more information about EnvisionRx’ formulary, please continue to “Medications Covered by Your Benefit”.

**ADDITIONAL INFORMATION**

**Medications Covered by Your Benefit**

The following medications are included in the EnvisionRx managed Formulary and are available to your Physician.

- Federal Legend Drugs: Any medicinal substance which bears the legend: “Caution: Federal law prohibits dispensing without a prescription.”
- State Restricted Drugs: Any medicinal substance that may be dispensed by prescription only according to state law.
- Generic Drugs: Comparable generic drugs may be substituted for brand-name drugs.
- For the purposes of determining coverage, the following items are considered prescription drug benefits: glucagon, insulin, insulin syringes, blood glucose test strips, lancets, inhaler extender devices, urine test strips and anaphylaxis prevention kits (including, but not limited to, EpiPen®, Ana-Kits® and Ana-Guard®).
- Injectable drugs (except as listed under “Exclusions and Limitations”).
Exclusions and Limitations

While the Prescription Drug Benefit covers most medications, there are some that are not covered:

- Drugs or medicines purchased and received prior to the Member’s effective date or subsequent to the Member’s termination.
- Therapeutic devices or appliances, including hypodermic needles, syringes (except insulin syringes), support garments and other nonmedicinal substances.
- All nonprescription (over-the-counter) contraceptive jellies, ointments, foams or devices.
- Contraceptives prescribed for birth control
- Medications to be taken or administered to the eligible Member while a patient in a hospital, rest home, nursing home, sanitarium, etc.
- Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber’s staff.
- Dietary supplements, including vitamins and fluoride supplements (except prenatal), health or beauty aids, herbal supplements and/or Alternative Medicine.
- Bulk Chemicals used in compounded medications.
- Medication for which the cost is recoverable under any workers’ compensation or occupational disease law or any state or government agency, or medication furnished by any other drug or medical service for which no charge is made to the patient.
- Medication prescribed for Experimental or Investigational therapies, unless required by an external independent review panel pursuant to California Health and Safety Code Section 1370.4. For non-Food-and-Drug-Administration-approved indications, see the following exclusion.
- Off-Label Drug Use: Off-Label Drug Use means that the Provider has prescribed a drug approved by the Food and Drug Administration (FDA) for a use that is different than that for which the FDA approved the drug. EnvisionRx excludes coverage for Off-Label Drug Use, including off-label self-injectable drugs, except as described in the Subscriber Agreement and any applicable Attachments. If a drug is prescribed for Off-Label Drug Use, the drug and its administration will be covered only if it satisfies the following criteria:
  - The drug is approved by the FDA.
  - The drug is prescribed by a licensed health care professional for the treatment of a life-threatening condition or for a chronic and seriously debilitating condition.
  - The drug is Medically Necessary to treat the condition.
  - The drug has been recognized for treatment of the life-threatening or chronic and seriously debilitating condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; the United States Pharmacopeia Dispensing Information; or in two articles from major peer-reviewed medical journals that present data supporting the proposed Off-Label Drug Use or Uses as generally safe and effective.
  - The drug is administered as part of a core medical benefit as determined by EnvisionRx. Nothing in this section shall prohibit EnvisionRx from use of a Formulary, Copayment, technology assessment panel or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA. Denial of a drug as investigational or experimental will allow the Member to use the Independent Medical Review System as defined in the medical Combined Evidence of Coverage and Disclosure Form.
- Medications available without a prescription (over-the-counter) or for which there is a nonprescription equivalent available, even if ordered by a Physician.
- Elective or voluntary enhancement procedures, services, supplies and medications, including, but not limited to, weight loss, hair growth, athletic performance, cosmetic purposes, anti-aging and mental performance. Examples of these drugs include, but are not limited to, Penlac, Retin-A, Renova, Vaniqa, Propecia, Lustra, Xenical or Meridia.
- Drugs used for diagnostic purposes.
- Saline and irrigation solutions.
- Replacement of lost, stolen or destroyed medications. EnvisionRx reserves the right to expand the prior authorization requirement for any drug product to assure adherence to FDA-approved indications and national practice standards.
The Appeals Process
EnvisionRx contracts with a leading independent review organization (IRO) for the administration and determination of appeals. Your appeal will be reviewed and you will be notified in writing of the determination within 30 calendar days of EnvisionRx receipt of the appeal. If your appeal is denied, your written response will include the specific reason for the decision, describe the criteria or guidelines or benefit provision on which the denial decision was based, and notification that upon request the Member may obtain a copy of the actual benefit provision, guideline protocol or other similar criterion on which the denial is based. For determinations delaying, denying or modifying health care services based on a finding that the services are not Covered Services, the response will specify the provisions in the pharmacy plan documents that exclude that coverage. If you are not satisfied with the outcome of the first appeal, you may request a second appeal within four months of the initial appeal.

Reta Trust Appeals Process
If you are not satisfied with the second appeal decision from the EnvisionRx selected IRO, you may request an appeal to be reviewed by the Reta Board of Trustees. Please mail your letter of appeal and any other appropriate documentation to:

- ATTN: Appeals
  Reta Trust c/o Gallagher Benefit Services
  1255 Battery Street, Suite 450
  San Francisco, CA 94111
- OR, Fax to: 415-536-6010

Expedited Review Appeals Process
Appeals involving an imminent and serious threat to your health including, but not limited to, severe pain or the potential loss of life, limb or major bodily function will be immediately referred to the IRO’s clinical review personnel. Expedited appeals will be reviewed and you will be notified of the determination within 72 hours from EnvisionRx receipt of the appeal. If your case does not meet the criteria for an expedited review, it will be reviewed under the standard appeal process.

Specialty Pharmacy (Injectable Medications)
EnvisionSpecialty is the exclusive provider for your specialty medications as part of your prescription drug plan. Managing chronic and complex conditions requires knowledgeable, caring professionals and personalized care. EnvisionSpecialty pharmacists, pharmacy technicians and care representatives are trained to provide you the best information and therapy available. EnvisionSpecialty offers the following patient support services at no charge:

- Personalized support to help you achieve the best results from your prescribed therapy
- Convenient delivery to your home or prescriber’s office
- Easy access to a team of Care Navigators who can answer medication questions, provide educational materials about your condition, help with potential side effects, and provide confidential support.
- Assistance with your specialty medication refills and personalized assessments to ensure progress on your therapy
- If you have any questions, or would like to take advantage of these complimentary patient support services, please call EnvisionSpecialty at 1-877-437-9012.

Who should I call with questions?
- Call EnvisionRx at 1-844-852-7437 for direct access to their customer service line.