

Prescription Drug Program

To be considered for coverage under the Plan, prescription drugs must first be:

- Available on the formulary managed by the Plan's pharmacy benefit manager;
- Prescribed by a licensed provider;
- Dispensed by a licensed pharmacist;
- Found to be medically necessary for the treatment of the participant's illness or injury;
- Food and Drug Administration (FDA) approved; and
- Not otherwise excluded from coverage under the Plan.

Participants may purchase medically necessary prescription drugs at participating retail pharmacies or by mail through the Plan's pharmacy benefit manager (PBM), CVS Caremark. (See *Pharmacy Mail Order Program* section for more detail.) Specialty medications must be purchased through participating specialty drug providers. Coverage for prescription drugs purchased at a retail pharmacy is limited to a 90-day supply. Coverage for prescription drugs purchased through the pharmacy mail order program is limited to a minimum 60-day supply and a maximum 90-day supply. Coverage for prescription drugs purchased through the specialty pharmacy program is limited to a 30-day supply.

When a covered prescription drug is purchased at a network retail pharmacy, the participant is only required to pay the appropriate copayment amount (after the applicable deductible is met) or the cost of the drug, whichever is less. There is no claim form to file. When a prescription drug is purchased at an out-of-network pharmacy, the participant must file a paper claim with CVS Caremark. The prescription drug claim form is available at www.caremark.com. Payment of the claim will be made based upon the Plan's allowable charge. The participant is responsible for any amount in excess of the allowable charge, plus the applicable deductible and/or copayment.

In most instances, when a generic drug is available and the participant purchases the brand name drug instead, the participant will pay the difference in the cost of the brand name drug and the generic drug, plus the brand copayment amount.

CVS Caremark Customer Care

CVS Caremark is available 24/7 to provide assistance to participants. If a participant should experience a problem having a prescription filled or have a question regarding coverage, he may contact CVS Caremark at 888-996-0050.

Copayments

The copayment amount of certain covered prescription drugs may be reduced, increased or eliminated to assist in controlling prescription drug costs.

Coordination of Benefits

When a participant has other health insurance coverage that is primary, a prescription drug claim may be filed for secondary coverage under the Plan. To file a claim, a copy of the explanation of benefits from the primary insurance carrier along with a copy of the receipt from the pharmacy must be attached to a prescription drug claim form. This form is available at www.caremark.com. The claim is processed by CVS Caremark and reimbursement is made to the participant based upon the Plan's allowable charge, less the amount paid by the primary carrier, less the applicable copayment for that prescription drug.

Formulary

The formulary is a list of medications covered by the Plan. The formulary consists of both brand and generic drugs. Sometimes, several drugs can treat the same condition, and the Plan may choose some drugs over others. Covered drugs are chosen based on their clinical appropriateness and cost effectiveness. While the formulary may be modified at any time, changes are typically made annually. A copy of the Plan's drug formulary may be obtained by contacting CVS Caremark directly or through the Plan's website at <http://KnowYourBenefits.dfa.ms.gov>.

Generic Drugs

Typically, generic drugs cost less than equivalent brand drugs. Because the generic drug copayments are less, participants save money when purchasing generic drugs. Participants are encouraged to use generic drugs whenever possible. To be covered by the Plan, a generic drug must:

- Contain the same active ingredients as the brand drug (inactive ingredients may vary).
- Be identical in strength, form of dosage and the way it is taken.
- Demonstrate bio-equivalence with the brand drug.
- Have the same indications, dosage recommendations and other label instructions (unless protected by patent or otherwise exclusive to the brand).

Vaccine Program

Benefits will be provided at 100 percent of the allowable charge for annual influenza (flu), pneumococcal infection (pneumonia), Haemophilus influenza type b (Hib), Hepatitis A and B, HPV, measles, mumps, rubella, varicella, meningococcal, polio, rabies, rotavirus, tetanus, diphtheria and acellular pertussis (whooping cough) vaccines administered by an immunization-certified pharmacist at a network pharmacy. In addition, based on the Centers for Disease Control and Prevention (CDC) recommendations, benefits will be provided at 100 percent of the allowable charge for non-Medicare participants age 50 and over for the appropriate herpes zoster (shingles) vaccine. Participants must use a pharmacy that participates in the CVS Caremark Vaccine Network in order to receive benefits. A trained clinician administers the vaccine on-site according to state regulations. A prescription may be required. Participating vaccine network pharmacies may be found using the CVS Caremark Vaccine Network tab on www.caremark.com or by contacting CVS Caremark Customer Care at 888-996-0050.

Pharmacy Mail Order Program

Participants can utilize the convenience of receiving medication(s) by mail by using the CVS Caremark Mail Order Pharmacy program. To get started, register at www.caremark.com or contact CVS Caremark Customer Care at 888-996-0050.

Please note: Participants should allow 7-10 days for delivery and plan accordingly.

A prescription submitted to CVS Caremark Mail Order Pharmacy for less than a 90-day supply will be charged the same copayment as for an entire 90-day supply. Coverage for prescription drugs purchased through the mail order pharmacy is limited to a minimum of 60 days and a maximum of 90 days. CVS Caremark Mail Order Pharmacy may suspend service if participants carry an unpaid balance.

Prior Authorization

Certain prescription drugs require prior approval. The prescribing provider must contact CVS Caremark at 800-294-5979 for prior authorization. The provider must provide appropriate documentation of medical necessity. Only the provider can request prior authorization approval. Examples of prescription drugs requiring prior authorization include, but are not limited to, medications for treating acne, androgens and anabolic steroids,

growth hormones, and medications for treating Hepatitis B and C. The quantity of some prescription drugs may be limited based on drug indications or medical necessity. If the quantity of a covered prescription drug, as prescribed by the provider, is not approved by CVS Caremark, the provider must contact CVS Caremark for prior approval of additional quantities. Approval will require appropriate documentation of medical necessity. The fact that a provider has prescribed, ordered, recommended or approved a prescription drug, does not, in itself, make the prescription drug medically necessary for purposes of coverage under the Plan.

Step Therapy

Some prescription drugs require step therapy. Step therapy is a process that optimizes rational drug therapy while controlling costs by defining how and when a particular drug or drug class should be used based on a patient's drug history. Step therapy requires the use of one or more prerequisite drugs that meet specific conditions before the use of another drug or drugs.

Quantity Limits

Quantity limits have been established by CVS Caremark for certain drugs based on the approved dosing limits established during the FDA approval process. Your provider must submit a prior authorization request form to CVS Caremark for approval of amounts that exceed the established quantity limit.

Early Refills

There are some circumstances when a participant will be allowed to obtain an early refill of a prescription drug for purposes such as going on vacation, for a dosage change during the course of a treatment, or for lost or destroyed medication. The participant's pharmacist may contact CVS Caremark to obtain authorization for an early refill or advance supply of a medication. Early refills are limited to two refills per medication per 12 months.

Specialty Drug Management Program

The Specialty Drug Management Program provides access to specialty medications with the convenience of express mail delivery. Specialty medications are limited to a 30-day supply, and must be purchased through an approved network specialty pharmacy. Participants have access to a Specialty Care Team staffed by experienced pharmacists specially trained in complex health conditions and the latest medication therapies. Participants can call CVS Specialty at 800-237-2767 for more information on the Specialty Drug Management Program, or for information on other approved specialty network pharmacies.

Specialty pharmacies provide medications for many chronic conditions, such as:

- Multiple Sclerosis
- Rheumatoid arthritis
- Gaucher's Disease
- Cystic Fibrosis
- Hemophilia
- Hepatitis C
- Anemia
- Pulmonary Hypertension
- Respiratory Syncytial Virus
- Growth Hormone Deficiency
- Crohn's Disease
- Neutropenia

Limited Distribution Drugs

Limited distribution drugs are only available through select specialty providers as determined by the drug manufacturer. Access to limited distribution drugs is available through other specialty providers in the Specialty Drug Management Program. For assistance with obtaining a limited distribution drug and with locating an approved distributor, contact CVS Caremark Customer Care at 888-996-0050.

Pseudoephedrine Medications

Coverage is provided for over-the-counter medications containing pseudoephedrine when a prescription is required.