SISC Evidence of Coverage Pharmacy Benefit

Effective October 1, 2023



Dear Plan Member:

The benefits of this plan are provided for certain pharmacy services and supplies for the subscriber and enrolled dependents for a covered condition, subject to all of the terms and conditions of this plan, the participation agreement between the participating employers and SSCIII, and the eligibility rules of SSCIII.

This SISC pharmacy benefit Evidence of Coverage provides a summary of your prescription drug benefits, limitations and other plan provisions which 0 0 1 367.39 558.46 Tm0 g0 Q()]TETQq0.00000912 0 61 0 0 1 198.05 580.

| No person has the right to receive any benefits of this Plan following termination of coverage, except as specifically required under COBRA. |
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| Health Care Reform |
| The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Affordability Reconciliation Act of 2010, has resulted in many changes to health care benefits. As federal regulations and guidance are released for various measures of the law, SSC may nee |

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Outpatient Prescr

Maintenance Medications

Maintenance Medications for long-term or chronic conditions may be obtained at participating retail pharmacy locations. Only Cost co retail and Cost co Mail Order offer up to a ninety (90) day supply. Specialty restrictions apply. You must fill three (3) thirty (30) day prescriptions at retail prior to filling a ninety (90) day supply.

Generic medications are available for \$0 ∞ pay up to a 90-day supply at Cost ∞ retail and Mail Service. (Not applicable to all SSCgroups, restrictions apply to specialty, narcotic pain, and ∞ ugh medications.) The \$200/\$15-\$50 Rx Plan features reduced generic copays at Cost ∞ , but not \$0 generic copays at Cost ∞ .

Brand Drug (DAW (Dispense as Written) Penalty)

If a Brand Name Drug is selected when a generic equivalent is available, Members will pay the difference in cost between the Brand Name Drug and the generic equivalent, plus the generic copayment.

Exceptions will only be considered for physician requested Brand Name Drughysicia

Request your new prescription online at $\underline{www.pharmacy.costco.com}. \ Provide\ prescription\ information\ including\ physician\ name,$

If your Prescription requires a Prior Authorization, the dispensing pharmacist is notified by an automated message

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your health.

Lumicera offers services with the highest standard of care. You will get one-on-one services will skilled pharmacists. They will answer your questions about side effects, and give you advice on how to stay on course with your treatment. Specialty drugs are delivered free of charge and come right to your door or office via Fed Ex.

Local courier service may be available for emergency, same-day medication needs. To start using Lumicera, please call toll free 855-847-3553. A representative will work with your prescriber for current or new specialty prescriptions

Specialty Medications will be limited to a maximum 30-day supply

The Plan may offer a specialty copay assistance program offered by a manufacture for certain specialty drugs included in the specialty tier and dispensed only through the specialty pharmacy, Lumicera. This program will help manage your expenses for eligible specialty medications while also lowering the overall cost if copay assistance is available. If a specialty drug does not qualify or is removed from the program, your copay will default to the current tiered coinsurance/copay. Please contact Navitus at 866-333-2757.

Health Care Reform Preventive Drug Coverage Guidelines

The Affordable Care Act (ACA) requires that eligible people get certain preventive services at no cost. The following categories and related drugs are dinical recommendations in the ACA. They are included in the ACA as preventive services. The ACA was passed in 2010.

Persons at risk of HIV infection include men who have sex with men, persons at risk via heterosexual contact, and persons who inject drugs. Within these groups, certain risk factors or behaviors (outlined below) can place persons at high risk of HIV infection.

Men who have sex with men, are sexually active, and have 1 of the following characteristics: serodiscordant sex partner (ie, in a sexual relationship with a

| Vitamins and Minerals | | |
|-----------------------|--------------------|---------------|
| Medications | Coverage Guideline | Age Guideline |

The following are excluded under the Outpatient Prescription Drug Program:

Non-medical therapeutic devices, durable medical equipment, appliances and supplies, including

Any

includes, but is not limited to, monies received from any person or party, any or liability insurance, uninsured/underinsured motorist proceeds, compensation insurance or fund, - insurance and/or automobile medical payments coverage, whether by lawsuit, settlement or otherwise. Regardless of how you or your representative or any agreements characterize the money received as a Recovery, it shall be subject to these provisions.

Subrogation

The plan has the right to recover payments it makes

priority, against any Recovery. Further, the rights will not be reduced due to your negligence.

You and your legal representative must hold in trust for the plan the proceeds of the gross Recovery (i.e., the total amount of your Recovery before attorney fees, other expenses or costs) to be paid to the plan immediately upon your receipt of the Recovery. You must reimburse the plan, in first priority and without any set-off or reduction for attorney fees, other expenses or

Fax: (855) 673-6507

Attn:

Prior Authorization: Approval from Navitus for coverage of a prescription drug.

Specialty Drug: Drugs, such as self-injectables and biologics, typically used to treat patients with chronic illnesses or complex diseases.

Therapeutic Equivalent: Smilar drug in the same drug classification used to treat the same condition.

Billed Charges the amount the provider actually charges for services provided to a Member.

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