



Attachment B

Prescription Drug program with Express Scripts

Benefits Booklet as of January 2025

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Introduction

The Express Scripts (“ESI”) Prescription Drug Program is offered to Eligible Employees and Eligible Family Members as part of the ExxonMobil Health and Welfare Plan (“EMHWP”).

Information Sources

Express Scripts

800-695-4116

800-497-4641 (international, use appropriate country access code depending on country from which you are calling)

Express Scripts Home Delivery

P.O. Box 66577

St. Louis, MO 63166-65777

Direct Reimbursement Claim Form:

Express Scripts

ATTN: Commercial Claims

P.O. Box 14711

Lexington, KY 40512-4711

Direct Reimbursement Claim Forms may also be faxed to 608 741-5475

[Your Total Rewards portal \(digital.alight.com/exxonmobil\)](https://digital.alight.com/exxonmobil)

Alight Mobile app (available through Apple App Store or Google Play)

Phone: 833-776-9966

Address: Dept 02694, PO Box 64116, The Woodlands, TX, 77387-4116

Other ExxonMobil sponsored sites - Access to plan-related information including claim forms for employees, retirees, survivors, and their family members.

- EMConnect, the Human Resources Intranet Site — Can be accessed at work by employees (goto/emconnect.)
- ExxonMobil Family, the Human Resources Internet Site — Can be accessed by everyone at www.exxonmobilfamily.com

Contributions and Schedule of Benefits

EMHWP Contributions for PPO A and PPO B Medical Options

The ESI Prescription Drug Program contains a prescription drug program that offers you three cost-saving ways to buy outpatient prescription drugs. You may buy your prescriptions through:

- A network of local retail pharmacies for short-term prescriptions.
- Express Scripts Pharmacy, the home delivery pharmacy, and Smart90 retail pharmacies (Walgreens, CVS) for long-term or maintenance prescriptions.
- Express Scripts Specialty Pharmacy, Accredo, for prescriptions requiring special handling.

Please note, a dose or doses of prescription medication or injections given at the time of treatment in a doctor's office is covered under the PPO B medical option as a part of the medical service rendered. Self-administered or take-home use prescription medication may be covered under your prescription drug benefit, and you must submit claims separately to Express Scripts for reimbursement.

EMHWP Contributions for EPO

The ESI Prescription Drug Program pays, subject to any limitations specified under Your Benefits, the cost incurred for outpatient prescription drugs that are obtained from a participating pharmacy. Express Scripts is the pharmacy benefit manager for your prescription drugs. You must present your Express Scripts ID card and make the copayment shown in the Benefits summary for each prescription at the time the prescription is dispensed.

The EMHWP covers the costs of prescription drugs, more than the copayment, that are:

- Medically necessary for the care and treatment of an illness or injury, as determined by Express Scripts;
- Prescribed in writing by a physician who is licensed to prescribe federal legend prescription drugs or medicines, and
- Not listed under Prescription Drug Exclusions and Limitations, below.

Non-emergency prescriptions must be filled at a participating pharmacy. Generic drugs may be substituted for brand-name products where permitted by law.

Coverage is based upon Express Scripts' formulary. A formulary is a list of commonly prescribed medications within particular therapeutic categories. The drugs on the list have been selected based on their effectiveness and cost. To be included in the formulary list, a drug must meet rigorous standards of approval by the Express Scripts Pharmacy and Therapeutic Committee — a group of nationally recognized medical professionals. The formulary includes both brand-name and

generic drugs and is designed to provide access to quality, affordable outpatient prescription drug benefits. You can reduce your copayment by using a covered generic or brand-name drug that appears on the formulary. Your copayment will be highest if your physician prescribes a covered drug that does not appear on the formulary. It is always up to your doctor to decide which medications to prescribe. If you have questions about the Express Scripts formulary, you should contact Express Scripts directly.

Summary of Benefits for PPO A, PPO B, and EPO

Non-Specialty Drugs	PPO A	PPO B	EPO*
Up to 34-day fills (from participating retail locations)			
▪ Generic	30% (\$60 max)	30% (\$50 max)	\$15 copay
▪ Preferred brand	30% (\$130 max)	30% (\$125 max)	30% (\$125 max)
▪ Non-preferred brand	50% (\$200 max)	50% (\$200 max)	50% (\$200 max)
90-day fills (mail order or participating retail locations)			
▪ Generic	25% (\$120 max)	25% (\$100 max)	\$30 copay
▪ Preferred brand	25% (\$260 max)	25% (\$250 max)	25% (\$200 max)
▪ Non-preferred brand	50% (\$400 max)	50% (\$400 max)	50% (\$400 max)
Specialty Drugs	PPO A	PPO B	EPO
Up to 34-day fills (from participating retail locations)			
▪ Generic	30% (\$120 max)	30% (\$100 max)	30% (\$120 max)
▪ Preferred brand	30% (\$260 max)	30% (\$250 max)	30% (\$250 max)
▪ Non-preferred brand	50% (\$400 max)	50% (\$400 max)	50% (\$400 max)
Up to 90-day fills (from mail order or participating retail locations)			
▪ Generic	25% (\$240 max)	25% (\$200 max)	25% (\$240 max)
▪ Preferred brand	25% (\$520 max)	25% (\$500 max)	25% (\$500 max)
▪ Non-preferred brand	50% (\$800 max)	50% (\$800 max)	50% (\$800 max)
Annual prescription drug out-of-pocket maximum			
▪ Individual	\$2,500	\$2,500	Included in medical
▪ Family	\$5,000	\$5,000	out-of-pocket maximum

Coverage

Short Term Prescriptions

A short-term prescription is written for a drug taken for a limited period of time, such as an antibiotic for a specific illness. The EMHWP generally provides benefits for up to a 34-day supply. See Special provisions for more information.

You have the choice of filling your prescriptions at:

- A local in-network retail pharmacy (part of Express Scripts' extensive network of pharmacies), where you will pay your share of the discounted cost, and there are no claims to file.
- A non-network retail pharmacy of your choice, where you will pay the full price and file a claim for partial reimbursement of the cost.

The in-network retail pharmacy

You may call Express Scripts or check the Express Scripts website (www.express-scripts.com), or use the Express Scripts mobile app to locate an in-network retail pharmacy near you.

When you fill a prescription, you must identify yourself as a member of Express Scripts' retail pharmacy program to maximize your savings.

Short-term retail refill limitation for maintenance medications

A long-term or maintenance medication is a drug you take for an extended period of time, such as for the ongoing treatment of diabetes, arthritis, a heart condition, or blood pressure. After the third short-term fill of a maintenance medication at an in-network, or non-network retail pharmacy, subsequent refills must be purchased as a 90-day supply at a Smart90 retail pharmacy (Walgreens, CVS) or Express Scripts home delivery pharmacy. If you continue to purchase short-term fills of a long-term, or maintenance medication after the third fill, you will be responsible for 100% of the cost.

How to obtain your prescription or a refill

- Refills can be obtained if prescribed and needed. You must have generally used 75% of the previous prescription, based on the dosage prescribed, before you can refill and receive EMHWP benefits.

- To receive the discounted price, present your prescription and either your prescription drug identification card or the Primary Participant's identification number at an in-network network retail pharmacy. See the definition for Primary Participant.
- The pharmacist enters the prescription and the Primary Participant's Social Security number or ID number into the pharmacy's computer system to confirm:
 - That the participant or family member is covered,
 - That it is a covered prescription, and
 - The prescription's cost share.
- No claim filing is necessary.

The term Primary Participant refers to the participant whose identification number is used. The Primary Participant is the employee or individual who elected COBRA coverage. Covered family members use the Primary Participant's identification number to access all medical benefits. Be sure to give identification cards or the Primary Participant's identification number to your spouse and any covered family members who may live away from home.

Note: Family members who elect COBRA coverage must use their identification number after the date they enroll as a COBRA participant. For more information regarding your rights under COBRA, see the COBRA Continuation Coverage of the EMHWP SPD.

Using a non-network pharmacy or not showing your Express Scripts ID card

You are not eligible for a discounted price if you have your prescription filled at a non-network retail pharmacy or fail to show your prescription drug ID card at an in-network retail pharmacy. You may print out a temporary ID card if you have registered for access to your personal account on the Express Scripts website at www.express-scripts.com.

- You pay the full price of the prescription at the time of purchase.
- You must submit a completed Direct Reimbursement Claim Form to Express Scripts within two years following purchase. You may obtain a claim form by accessing the [ExxonMobil Family Internet site](#) or by contacting Express Scripts
- You will be responsible for:
 - 100% of the difference between the non-discounted and the discounted cost of the prescription (the ineligible cost) PLUS
 - Your percentage copayment portion of the discounted cost

Long Term Prescriptions

A long-term or maintenance medication is a drug you take for an extended period of time, such as for the ongoing treatment of diabetes, arthritis, a heart condition, or blood pressure. After the third short-term fill of a maintenance medication, subsequent refills must be purchased as a 90-day supply at a Smart90 retail pharmacy (Walgreens, CVS) or Express Scripts home delivery pharmacy. If you continue to purchase short-term fills of a long-term or maintenance medication after the third fill, you will be responsible for 100% of the cost.

You may order refills by calling Express Scripts or sending in the refill label provided with your previous order. You may also order refills through Express Scripts' website. You should order a refill about three weeks before your current supply will be exhausted, but remember that you must have generally used 75% of the previous prescription based on the prescribed dosage. During natural disasters, you may be able to replace lost or damaged medications without having used 75% of the previous prescription.

How to get started with Express Scripts Pharmacy

If you need maintenance medication immediately, ask your doctor for two prescriptions — one for an immediate supply to be filled at a local retail pharmacy and a second for an extended supply to be ordered through the home delivery pharmacy. You can also fill maintenance medications at a Smart90 retail pharmacy (Walgreens, CVS).

Home delivery pharmacy prescriptions

With Express Scripts Pharmacy, you save money and have the convenience of home delivery. Ask the doctor to write a prescription for up to a 90-day supply with appropriate refills. Prescriptions can be submitted electronically from most doctor's offices. You can also enclose your original prescription(s) and payment of your percentage copayment in an envelope. If you are paying by check or money order, you may obtain a calculation of your percentage copayment from the Express Scripts website or by calling Express Scripts directly. If you are paying by credit card, Express Scripts will deduct the appropriate percentage copayment, and you will receive notification of the deduction with your medication.

Your prescription will be delivered to the address on your order form within 14 working days. By law, prescriptions may not be sent outside the U.S.

You may order refills by calling Express Scripts or sending in the refill label provided with your previous order. You may also order refills through Express Scripts' website. You should order a refill about three weeks before your current supply will be exhausted, but remember that you must have generally used 75% of the previous prescription based on the prescribed dosage.

Whether you fill prescriptions through Express Scripts Pharmacy or at a local retail pharmacy:

- Your payments and copayments under the outpatient prescription drug benefits do not apply toward your deductible for other benefits under the EMHWP.
- Your prescription drug payments and copayments do not apply toward your annual medical out-of-pocket limit.
- Your prescription drugs annual out-of-pocket maximum is \$2,500 for each individual in your family, or \$5,000 for your entire family. If you are part of the EPO medical option, your prescription out-of-pocket maximum is included as part of your medical out-of-pocket maximum.
- The additional cost for purchasing brand-name prescription drugs when a generic is available, as well as the full cost for purchasing subsequent refills of maintenance medication after the third fill obtained at retail pharmacies that are not part of the Smart90 network (Walgreens, CVS), will not count toward your annual out-of-pocket maximum.

Comparing retail pharmacy with Express Scripts Pharmacy

This example shows how you can save money by purchasing long-term medications through either the Express Scripts home delivery or a Smart90 retail pharmacy.

At an in-network Retail Pharmacy		Through Express Scripts or Smart90 Pharmacy	
\$108.00	Cost of formulary preferred brand name drug (30-day supply)	\$324.00	Cost of formulary preferred brand name drug (90-day supply)
x 30%	Percentage copayment	x 25%	Percentage copayment
\$32.40	Your copayment	\$81.00	Your copayment
You pay \$32.40, or \$97.20 for 3 purchases.		You pay \$81.00	

By purchasing a 90-day supply of this prescription through Express Scripts home delivery or at a Smart90 retail pharmacy, you would save \$16.20. That is \$64.80 a year for one prescription

Covered Prescriptions

The prescription drug program covers drugs, medicines, and supplies that are:

- Obtainable only with a physician's prescription or are specifically covered expenses (see Covered expenses),
- Approved by the U.S. Food and Drug Administration for the specific diagnosis,
- Medically necessary, and
- Not experimental or investigational
- Outpatient prescription drugs when prescribed by a provider who is licensed to prescribe federal legend drugs or medicines, subject to the terms, limitations and exclusions described in this booklet.
- FDA-approved prescription drugs when the off-label use of the drug has not been approved by the FDA to treat the condition in question, provided that the drug is recognized for treatment of the condition in one of the standard reference compendia (the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or the American Hospital Formulary Service Drug Information), or the safety and effectiveness of use for the condition has been adequately demonstrated by at least one study published in a nationally recognized peer reviewed journal.

Generic prescription drugs

The program encourages consideration of generic alternatives, which are less expensive to you and the EMHWP. About half of all brand name medications have a generic equivalent available. By law, the brand name and generic medications must meet the same standards for safety, purity, strength and effectiveness. The pharmacist will dispense only generics that receive FDA approval and only if authorized by your doctor.

Note: If both generic and brand name drugs are available to treat your condition, your percentage copayment amount will depend on which medication you select.

If you purchase the brand name drug, you are responsible for paying the generic drug percentage copayment PLUS the full difference in cost between the generic drug and the brand name. This difference in cost will not count toward your annual prescription drug out-of-pocket maximum.

Here is an example of how you can save by choosing a generic drug at a retail pharmacy when a brand-name drug is available on the ESI Prescription Drug Program's formulary list of medications.

	Generic	Brand
Prescription cost	\$50.00	\$200.00
Copayment (30% of the cost of generic drug)	\$15.00	

	Generic	Brand
Difference in cost with available generic	\$0	\$150.00
Total cost	\$15.00	\$165.00

If you purchase the brand name drug:

- Your copayment will be \$15 + \$150 (difference in cost) = \$165
- The additional \$150 does not count toward your annual prescription drug out-of-pocket maximum.

Available alternatives

Sometimes, a generic drug or a less expensive brand name drug which provides the same therapeutic effect at a lower cost to you may be available. If so, the network system will inform the pharmacist that a less expensive alternative medication is available to fill your prescription. A pharmacist from the network or Express Scripts Pharmacy may contact your doctor to discuss the generic or less expensive brand name alternative. If the doctor authorizes a substitution, the pharmacist will dispense it based solely on your doctor's agreement. If Express Scripts Pharmacy fills a prescription with a generic or an alternative brand name drug, your order will include an explanation of the doctor's change and a credit for any excess percentage copayment.

The network formulary program

A formulary is a list of commonly prescribed medications within particular therapeutic categories. The drugs on the list have been selected based on their effectiveness and cost.

To be included in the formulary list, a drug must meet rigorous standards of approval by the Express Scripts Pharmacy and Therapeutic Committee — a group of nationally recognized medical professionals.

It is always up to your doctor to decide which medications to prescribe. If you have questions about the Express Scripts formulary, you should contact Express Scripts directly.

Drug monitoring service

All prescriptions, both home delivery and retail, are screened by the network's computerized drug monitoring service. This service analyzes all of your prescriptions in the system for potential problems such as adverse drug interactions, drug duplications, and unusually high or low dosages. This monitoring service may also detect if a refill is requested too soon. If a potential problem is detected, the drug monitoring service transmits a message to the pharmacist.

The pharmacist will contact your doctor about the potential problem or otherwise resolve the issue before dispensing the prescription. Your doctor makes the final decision about any change in your prescription or course of treatment.

Gene therapies

The EMHWP will cover specific gene therapies approved by Express Scripts in facilities that are in-network with BCBSTX. These therapies are subject to a medical necessity review and prior authorization.

ACA preventative drug list

The Affordable Care Act ("ACA") requires non-grandfathered plans to cover certain preventive items and services at a zero-dollar cost share to their members. These items and services are covered at no cost to the member by ensuring that no deductible or other cost sharing is applied. Drug categories required to be covered include:

- Aspirin
- Oral Fluoride
- Folic Acid
- Immunizations
- Tobacco Cessation
- Bowel Preps
- Breast Cancer Prevention
- Contraceptives
- Statins
- HIV Pre-exposure Prophylaxis

Emergency prescriptions

You may not have access to a participating pharmacy in an emergency or urgent care situation, or if you are traveling outside of the ESI Prescription Drug Program's service area. If you must have a prescription filled in such situations, you will be reimbursed as follows:

- **Non-Participating Pharmacy** – You must pay the pharmacy directly for the full cost of the prescription and you will be responsible for submitting a request for reimbursement in writing to the pharmacy benefit manager with a receipt for the cost of the prescription. The pharmacy benefit manager will directly reimburse the Member 100% of the prescription, less the applicable copay. Coverage for items obtained from non-participating pharmacies

is limited to items obtained in connection with covered Emergency and Out-of-Area Urgent Care services. Contact Express Scripts Member Services for more information.

- **Participating Pharmacy** – When you obtain an emergency or urgent care prescription at a participating pharmacy (including an out-of-area participating pharmacy), you must pay the applicable copay. The pharmacy benefit manager will not reimburse claims submitted as a direct reimbursement request from a Member for a prescription purchased at a participating retail pharmacy except upon professional review and approval by the pharmacy benefit manager.

Preventive care

Unless otherwise indicated, preventive care prescription drug treatments will be covered at 100%, including the following:

- **Preventive care immunizations**

Eligible health services include immunizations for infectious diseases recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

- **Immunizations/vaccinations obtained outside of a physician's office or hospital:**

Some immunizations can also be obtained or administered at in-network retail pharmacies, using the BCBSTX ID card at an BCBSTX network pharmacy, or the Express Scripts ID card at an Express Scripts network pharmacy.

COVID-19 vaccines/boosters are included as a preventive vaccine (such as the annual flu shot), which are also available to members at no cost. If you receive a vaccine at a non-network provider, you will be reimbursed at 100% (this is subject to BCBSTX definition of reasonable and customary limits, where you may be reimbursed at a lower amount than what the vaccine costs you).

Special Provisions

In most cases, the pharmacist will fill the prescription according to the doctor's written orders. However, there are some limitations:

- If the prescription is written for an amount that is greater than the ESI Prescription Drug Program covers, the pharmacist will fill the prescription up to the limit. You have the option of buying the additional amount at that time if purchasing at a retail pharmacy, but there is no ESI Prescription Drug Program benefit for that additional amount.
- If the medicine is a controlled substance or if there is a manufacturer's or prescription benefit manager's directive, a smaller amount may be provided.
- For most prescriptions, you must have used at least 75% of the previous prescription, based on the dosage prescribed, before you can obtain a refill and receive ESI Prescription Drug Program benefits.
- During natural disasters, you may be able to replace lost or damaged medications without having used 75% of the previous prescription.

Specialty medications

Specialty medications, including injectables and infusions for rheumatoid arthritis and other inflammatory conditions, require special handling and may be administered in a hospital, clinic, doctor's office, or in your home. Some specialty medications, like most oncology drugs administered in a hospital setting, are covered under the medical benefit administered by BCBSTX. Other specialty medications are covered under the prescription drug program administered by Express Scripts. If you have questions about starting a specialty medication, call Express Scripts Member Services

Specialty medications administered by Express Scripts are filled through their specialty pharmacy, Accredo, and can be delivered to hospitals, clinics, doctor's offices, or to a home health care provider. Although the percentage copayments and maximum per prescription for specialty drugs are generally the same as for brand name drugs, higher copayments may be charged for certain preferred specialty medications determined to be non-essential health benefits. However, many of these medications may be available at no cost when purchased through the ESI Prescription Drug Program's copay assistance program, called SaveOn. If the specialty medication being purchased qualifies for copay assistance and is included in the SaveOn drug list, you will be contacted by a pharmacist from the Accredo specialty pharmacy and be asked to enroll in the program. If you choose not to enroll in the program, a 30% coinsurance with no maximum will apply, and any amount you pay will not count towards your Deductible or Out-of-Pocket Maximums.

Advanced Utilization Management (“AUM”)

In some cases, you may be required to try one or more specified drugs to treat a particular medical condition before the ESI Prescription Drug Program will cover another (usually more expensive) drug. Prior authorization and preferred drug step therapy rules are designed to encourage the use of effective, lower-cost drugs.

As part of Express Scripts’ Advanced Utilization Management (“AUM”) program, certain targeted drugs will not be covered unless pre-certified by Express Scripts, based on medical evidence submitted by your physician. In addition, some therapies will be monitored for appropriate pharmacogenomic parameters, and oral oncology medications will be limited to ensure appropriate use. Please visit www.express-scripts.com to more information about your medications and if they require a coverage review. If you have a question regarding a drug on the AUM program list, contact Express Scripts.

Preferred drug step therapy rules

Preferred drug step therapy rules are used for certain therapeutic classes of drugs, to encourage the use of effective, lower-cost drugs initially by excluding some targeted medications from coverage unless prior authorization is provided by Express Scripts. Therapeutic classes include proton pump inhibitors, sleep agents, depression, osteoporosis, respiratory, cardiovascular, triptans, glaucoma, diabetes, respiratory allergy/asthma, anti-inflammatory and rheumatoid arthritis, growth hormone, stimulants for Attention Deficit Hyperactivity Disorder (“ADHD”), prostate therapy drugs, topical steroids, and stroke prevention. Non-targeted drugs will be covered without such authorization and will continue to be dispensed with no further action by either you or the prescribing physician. If you have a question regarding a drug in any of these therapeutic classes, contact Express Scripts to determine whether your drug is covered. You will be notified directly by Express Scripts if you are affected by these rules.

Prior authorization rules

Prior authorization rules apply to certain therapeutic classes of drugs; some therapies in this section will be monitored for appropriate use, including pharmacogenomics parameters in some cases. These classes include miscellaneous immunological agents, central nervous system/miscellaneous neurological therapy, biotechnology/adjunctive cancer therapy, central nervous system/headache therapy, central nervous system/analgesics, neurology/miscellaneous psychotherapeutic agents, and miscellaneous pulmonary agents. In addition, anabolic steroids, high-cost antibiotics, anti-emetics, antivirals, narcotics, acne dermatologicals and topical pain medications may trigger a prior authorization. Oral oncology medications will also be limited to ensure appropriate use. Certain drugs within each class as determined by Express Scripts will only be covered to the extent they are authorized by Express Scripts. If you have a question regarding

coverage for a drug in any of these therapeutic classes, contact Express Scripts. You will be notified directly by Express Scripts if you are affected by these rules.

Encircle Rx

Express Scripts has partnered with Omada, a virtual health program that helps members create healthier habits to achieve long-lasting results and keep the weight off. By joining Omada, certain weight-loss medications may be covered through Express Scripts if clinically eligible and by meeting the coverage requirements for your weight loss GLP-1 medication.

Therapeutic Resource Centers

Participants and their physicians may receive outreach calls from Express Scripts Therapeutic Resource Center ("TRC") pharmacists or healthcare specialists to offer personal over-the-phone guidance as well as other health management tools. You can also ask to speak to a TRC pharmacy specialist when you call Express Scripts.

Split-Fill Program

Express Scripts' split fill program applies to certain select specialty conditions where participants often stop or change therapy early in treatment due to side effects or their ability to tolerate treatment. This program will provide smaller initial fills (15-day supply) and clinical support to participants as they begin their therapy. Coinsurance and the per prescription maximum will be applied on a prorated basis so that the participant will not be disadvantaged financially. This program is designed to help manage side-effects, eliminate wasted medications and manage specialty drug costs.

Prescription Drug Exclusions and Limitations

Prescription Drug Exclusions

The following services and supplies are not covered by the ESI Prescription Drug Program, and a medical exception is not available for coverage:

- Any drug that does not, by federal or state law, require a prescription order (such as an over-the-counter drug), even when a prescription is written.
- Any drug that is not medically necessary.
- Diabetic supplies will now be covered under the medical benefit, at the applicable cost share (subject to deductible) (examples include diabetic needles and syringes, alcohol swabs, test strips for glucose monitoring and/or visual reading; diabetic test agents; lancets (and lancing devices); insulin; prescriptive and nonprescriptive oral agents for controlling blood sugar levels; glucagon emergency kits.
- Charges for the administration or injection of a prescription drug or insulin.
- Cosmetics and any drugs used for cosmetic purposes or to promote hair growth, including (but not limited to) health and beauty aids.
- Any prescription for which the actual charge to you is less than the copayment.
- Any prescription for which no charge is made to you.
- Insulin pumps or tubing for insulin pumps.
- Medication which is to be taken by you or administered to you, in whole or part, while you are a patient in a licensed hospital or similar facility.
- Take-home prescriptions dispensed from a hospital pharmacy upon discharge from the hospital, unless the hospital pharmacy is a participating retail pharmacy.
- Any medication that is consumed or administered at the place where it is dispensed.
- Immunization or immunological agents, including, but not limited to:
 - biological sera.
 - blood, blood plasma or other blood products administered on an outpatient basis.
 - allergy sera and testing materials.
- Drugs used for the purpose of weight reduction, including the treatment of obesity.
- Any prescription refilled more than the number specified by the physician, or any refill dispensed after one year from the physician's original order.

- Drugs labeled Caution - Limited by Federal Law to Investigational Use and experimental drugs.
- Drugs prescribed for uses other than the uses approved by the FDA under the Food, Drug and Cosmetic Law and regulations.
- Medical supplies, devices and equipment, and non-medical supplies and substances, regardless of their intended use.
- Prescription drugs purchased prior to the effective date, or after the termination date, of coverage under the EMHWP.
- Replacement of lost or stolen prescriptions.
- Performance and athletic performance lifestyle-enhancement drugs and supplies.
- Smoking-cessation aids or drugs unless prescribed by a physician.
- Test agents and devices, except diabetic test strips.
- Any drug or device that terminates a pregnancy.
- Prophylactic drugs for travel.
- Nutritional Supplements.
- Medication packaged in unit dose form (except those approved by payment by Express Scripts).

Prescription drug limitations

The following limitations apply to the prescription drug coverage:

- A participating retail or home delivery pharmacy may refuse to fill a prescription order or refill when, in the professional judgment of the pharmacist, the prescription should not be filled.
- Prescriptions may be filled only at a participating retail or home delivery pharmacy, except in the event of emergency or urgent care. Participants will not be reimbursed for out-of-pocket prescription purchases from a non-participating pharmacy in non-emergency, non-urgent care situations.
- Participants must present their ID cards at the time each prescription is filled to verify coverage. If you do not present your ID card, your purchase may not be covered by the ESI Prescription Drug Program, except in emergency and urgent care situations, and you may be required to pay the entire cost of the prescription.
- The EMHWP is not responsible for the cost of any prescription drug for which the actual charge to the participant is less than the required copayment or for any drug for which no charge is made to the recipient.

- Participants will be charged the non-formulary prescription drugs copayment for prescription drugs covered on an exception basis.
- For maintenance medications (those taken on a regular basis to treat ongoing conditions like allergies, asthma, diabetes, heart conditions, etc.), the ESI Prescription Drug Program will provide coverage for three short-term fills at a retail pharmacy; for subsequent short-term fills the participant will be responsible for 100% of the cost. Any long-term refill that is submitted to a Smart90 retail pharmacy (Walgreens, CVS) or the Express Scripts home delivery pharmacy will be subject to the long-term pharmacy copayments.
- When a clinically equivalent generic is available, and a brand name drug is purchased, the copayment will be equal to the generic copayment amount plus the full difference in the cost of the brand name drug and the generic. The difference in cost will not count toward the annual out-of-pocket maximum for prescription drugs.

When a prescription drug becomes available over the counter

When a prescription medication becomes available over the counter so that it can be purchased without a prescription (at the same strength and for the same use), it will no longer be covered under the Prescription Drug Program. In addition, other drugs in the same therapeutic class may be excluded from the program, but this determination will be made on a case-by-case basis, based on clinical data available at that time.

Claims and Appeals

Claims and Appeals

Express Scripts' Reviews and Appeals offering provides clients with a comprehensive process for managing review and appeal requests for pharmacy benefit coverage decisions. There are two categories of reviews and appeals:

- Administrative reviews and appeals are based on the plan's benefit design or conditions of coverage such as copay reviews and exceptions to plan exclusions where additional clinical information is generally not required from the prescriber.
- Clinical reviews and appeals are based on conditions of coverage such as prior authorizations, step therapy and quantity and formulary exceptions and may require additional clinical information from the prescriber.

Coverage review description

A member has the right to request that a medication be covered or be covered at a higher benefit (e.g. lower copay, higher quantity, etc.). The first request for coverage is called an initial coverage review. Express Scripts reviews both clinical and administrative coverage review requests:

Clinical coverage review request: A request for coverage of a medication that is based on clinical conditions of coverage that are set by the Plan. For example, medications that require a prior authorization.

Administrative coverage review request: A request for coverage of a medication that is based on the Plan's benefit design.

How to request an initial coverage review

To request an initial clinical coverage review, also called prior authorization, the prescriber submits the request electronically. Information about electronic options can be found at www.expressscripts.com/PA.

To request an initial administrative coverage review, the member or his or her representative must submit the request in writing. A Benefit Coverage Request Form, used to submit the request, is obtained by calling the Customer Service phone number on the back of your prescription card. Complete the form and mail or fax it to Express Scripts Attn: Benefit Coverage Review Department PO Box 66587 St Louis, MO 63166-6587. Fax 877 328-9660

If the patient's situation meets the definition of urgent under the law, an urgent review may be requested and will be conducted as soon as possible, but no later than 72 hours from receipt of request.. If the patient or provider believes the patient's situation is urgent, the expedited review must be requested by the provider by phone at 1 800-753-2851.

In order to make an initial determination for a clinical coverage review request, the prescriber must submit specific information to Express Scripts for review. For an administrative coverage review request, the member must submit information to Express Scripts to support the review.

How to request a level 1 appeal or urgent appeal after an initial coverage review has been denied

When an initial coverage review has been denied (adverse benefit determination), a request for appeal may be submitted by the member or authorized representative within 180 days from receipt of notice of the initial adverse benefit determination. To initiate an appeal, the following information must be submitted by mail or fax to the appropriate department for clinical or administrative review request:

- Name of patient
- Member ID
- Phone number
- The drug name for which benefit coverage has been denied
- Brief description of why the claimant disagrees with the initial adverse benefit determination
- Any additional information that may be relevant to the appeal, including prescriber statements/letters, bills or any other documents

Clinical appeal requests: Express Scripts Attn: Clinical Appeals Department, PO Box 66588, St Louis, MO 63166-6588. Fax 1 877- 852-4070

Administrative appeal requests: Express Scripts Attn: Administrative Appeals Department, PO Box 66587 St Louis, MO 63166-6587. Fax 1 877- 328-9660

If the patient's situation meets the definition of urgent under the law, an urgent appeal may be requested and will be conducted as soon as possible, but no later than 72 hours from receipt of request.

- Clinical appeal requests: phone 1 800-753-2851 fax 1 877- 852-4070
- Administrative appeal requests : phone 1 800-946-3979 fax 1 877- 328-9660

Urgent claims and appeals submitted by mail will not be considered for urgent processing unless a subsequent phone call or fax identifies the appeal as urgent.

How to request a level 2 appeal after a level 1 appeal has been denied

When a level 1 appeal has been denied (adverse benefit determination), a request for a level 2

appeal may be submitted by the member or authorized representative within 90 days from receipt of notice of the level 1 appeal adverse benefit determination. To initiate a level 2 appeal, the following information must be submitted by mail or fax to the appropriate department for clinical or administrative review requests:

- Name of patient
- Member ID
- Phone number
- The drug name for which benefit coverage has been denied
- Brief description of why the claimant disagrees with the adverse benefit determination
- Any additional information that may be relevant to the appeal, including prescriber statements/letters, bills or any other documents

Clinical appeal requests: Express Scripts Attn: Clinical Appeals Department, PO Box 66588, St Louis, MO 63166-6588. Fax 1 877- 852-4070

Administrative appeal requests: Express Scripts Attn: Administrative Appeals Department, PO Box 66587, St Louis, MO 63166-6587 Fax 1 877-328-9660

If the patient's situation meets the definition of urgent under the law, an urgent appeal may be requested and will be conducted as soon as possible, but no later than 72 hours from receipt of request.

- Clinical appeal requests: phone 1 800-753-2851 fax 1 877- 852-4070
- Administrative appeal requests : phone 1 800-946-3979 fax 1 877- 328-9660

Urgent claims and appeals submitted by mail will not be considered for urgent processing unless a subsequent phone call or fax identifies the appeal as urgent.

When and How to request an External Review

The right to request an independent external review may be available for an adverse benefit determination involving medical judgment, rescission, or a decision based on medical information, including determinations involving treatment that is considered experimental or investigational. Generally, all internal appeal rights must be exhausted prior to requesting an external review. The external review will be conducted by an independent review organization with medical experts that were not involved in the prior determination of the claim.

To submit an external review, the request must be mailed or faxed to: MCMC Services, LLC
1451 Rockville Pike, Suite 440
Rockville, MD 20852

Phone: 617.375.7700 Fax: 800.882.4715

The request must be received within 4 months of the date of the final Internal adverse benefit determination (If the date that is 4 months from that date is a Saturday, Sunday or holiday, the deadline will be the next business day).

Express Scripts Partnerships

Omada

Omada offers digital care programs that empower members to achieve their health goals through sustainable lifestyle change. Combining data-powered human coaching, connected devices and curriculums tailored to members' specific circumstances, Omada's programs help members build healthy patterns for life.

- Diabetes Remote Monitoring ("DRM")
- Hypertension Remote Monitoring ("HRM")
- Diabetes Prevention ("PVN")
- Diabetes Prevention/Weight Mgt

Hinge Health's Digital MSK Clinic

Express Scripts offers a clinical solution through Hinge Health to support members who have musculoskeletal ("MSK") pain related conditions. Hinge Health assesses the member's MSK condition to identify where they are on the MSK continuum of care. Every member goes through a clinically validated screening process to assess which of the Digital MSK Clinic™ programs is right for them.

Other

If you participate in the Health Care Flexible Spending Account

Do not file a claim for pre-tax benefits for your prescription drug out-of-pocket expenses. Express Scripts will notify Blue Cross and Blue Shield of Texas (“BCBSTX”) of your prescription purchase, and BCBSTX will process the claims for any pre-tax reimbursement due you.

InMynd Behavioral Health Solution

inMyndSM offers a holistic approach that helps both patients and payers better recognize, treat, and support mental and behavioral health conditions. For patients, the path forward is paved with expert guidance, treatment, support, and whole person care. We will provide proactive engagement, deliver disease-state coaching, and explain medication information to patients.

Extended Payment Plan

Express Scripts provides an Extended Payment Plan (“EPP”) that assists members who have difficulty paying for their medications by allowing them to spread out their payments into three monthly installments payable by credit card, or Visa or MasterCard debit cards. Call Member Services or visit [express-scripts.com](https://www.express-scripts.com) to get started.

Worry Free Fills

The automatic refills program helps address one of patients’ main sources of anxiety when using home delivery: fear of running out of medication because they forgot to refill, or the medication was not delivered when expected. With automatic refills, patients no longer need to worry because the Express Scripts Pharmacy automatically delivers refills to the patient. And when their prescription is out of refills, we contact the doctor for a new prescription. This helps avoid gaps in care that can affect a patient’s health. With automatic refills, patients can be confident that they are getting the right medication when they need it, while staying in control by choosing which eligible medications to enroll.

Patient Assurance Program

The Patient Assurance Program helps members pay less for preferred, participating insulin and diabetic medications as well as select preferred cardiovascular therapies. We’re applying protection against high out-of-pocket costs, enabling automatic point-of-sale cost caps, offering medication adherence support, and providing cost predictability to this broader set of diabetes medications.

Members using the participating drugs will pay no more than \$25 per 30-day supply whenever they fill their prescription at either the Express Scripts PharmacySM or any in-network retail pharmacy.