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

- 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 through the Plan’s pharmacy benefit manager (PBM), Prime Therapeutics’ home delivery service, AllianceRx Walgreens Prime. (See Home Delivery Service 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 home delivery service 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 Prime. The prescription drug claim form is available at www.MyPrime.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 generic copayment amount.

Pharmacy Benefit Manager
Prime Therapeutics LLC (Prime) is the pharmacy benefit manager (PBM) for the Plan’s prescription drug program. Prime is responsible for processing prescription claims received from network pharmacies, mail order claims, and paper claims filed directly by participants. To find the most cost effective place to purchase prescription drugs, participants should visit www.MyPrime.com. Prime provides a prescription drug identification card which should be presented when purchasing prescription drugs. For a new or replacement identification card, participants should contact Prime.

Prime Customer Service
Prime 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 Prime at 855-457-0408.

NOTE: Medicare eligible retirees, Medicare eligible surviving spouses and Medicare eligible dependents of retirees and surviving spouses are not eligible for prescription drug benefits.
Prescription medications are subject to the applicable deductible and the following copayments:

<table>
<thead>
<tr>
<th>Prescription Drug Type</th>
<th>Retail &amp; Specialty Pharmacies</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-30 Day Supply</td>
<td>31-60 Day Supply</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>$12</td>
<td>$24</td>
</tr>
<tr>
<td>Preferred Brand Drug*</td>
<td>$45</td>
<td>$90</td>
</tr>
<tr>
<td>Non-preferred Drug*</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Specialty</td>
<td>$100</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Generic mandate applies to brand drugs purchased when a generic is available.* If a participant purchases a covered brand drug for which a generic version is available, the participant will pay the difference in the cost of the brand and the generic drug, plus the generic copayment amount.

Individual Preventive Medications Deductible

Certain preventive medications such as anticoagulants, antiarrhythmics, antihyperlipidemics, antidepressants and diabetes medications are only subject to the preventive medications deductible. If the Base Coverage calendar year deductible is already met, a participant does not also have to meet the preventive medications deductible. Once either deductible is met participants will pay the standard prescription drug copayments for certain preventive medications, see Prescription Drug Program.

<table>
<thead>
<tr>
<th>Diabetes Related Prescriptions and Supplies Copayments</th>
<th>Retail Pharmacies</th>
<th>Diabetic Management Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-30 Day Supply</td>
<td>31-60 Day Supply</td>
</tr>
<tr>
<td>Testing Supplies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$12</td>
<td>$24</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$45</td>
<td>$90</td>
</tr>
<tr>
<td>Insulin Needles/Syringes</td>
<td>$12</td>
<td>$24</td>
</tr>
<tr>
<td>Glucagon</td>
<td>$12</td>
<td>$24</td>
</tr>
<tr>
<td>Insulin</td>
<td>$12</td>
<td>$24</td>
</tr>
</tbody>
</table>

Calendar Year Deductible – Individual Base Coverage

The calendar year deductible is the amount of covered expenses a participant must pay each year before the Plan begins to pay its share of covered expenses. Covered medical and prescription drug expenses apply toward the calendar year deductible, unless otherwise indicated. Once the calendar year deductible has been met, the Plan pays its portion of the allowable charge for covered expenses, and the participant pays prescription drug copayments for covered prescription drugs and a percentage of the allowable charge for covered medical expenses.

Copayments

Based on the cost of some generic drugs, a higher copayment other than the generic copayment may apply. 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.MyPrime.com. The claim is processed by Prime 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. The Plan generally covers more of the cost of generic drugs than that of brand name drugs. 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 Prime directly or through the Plan’s website at http://KnowYourBenefits.dfa.ms.gov.

Closed Formulary
Only the medications listed on the formulary are covered. Participants are encouraged to review the formulary list with their providers. Non-preferred drugs may be on the formulary, but have a higher copayment.

Generic Drugs
Typically, generic drugs cost less than equivalent brand drugs. Because the generic drug copayment is 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 Prime 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 ‘Find a Pharmacy’ tab on www.MyPrime.com or by contacting Prime Customer Service at 855-457-0408.

Home Delivery Service
Participants can enjoy the convenience of receiving their medication(s) by mail by using Prime’s home delivery program, AllianceRx Walgreens Prime. In order to participate in the home delivery program, participants must first register as a user to establish health, allergy and payment information.
Two Steps to Enroll in the Home Delivery Service

- Call provider and obtain a new 90-day prescription.
- Register for AllianceRx Walgreens Prime:
  - Initial registration can be completed by one of the following methods:
    - Go online at www.MyPrime.com via the “Register Now” link. Once registered, click Manage your prescriptions.
    - Call 855-457-0408 and select Option 1.
- Prescription order forms can be:
  - Submitted to AllianceRx Walgreens Prime by the provider’s office.
  - Mailed with the appropriate form and new prescription to AllianceRx Walgreens Prime by the participant.

Participants should order refills at least 7-10 days before their supply runs out to allow ample time for shipping and delivery.

Some Helpful Tips when using the Home Delivery Service

- Verify the deductible and/or copayment amount by calling Prime at 855-457-0408.
- Make sure the prescription is written for a 60 or 90-day supply.
- To ensure the order is not held up due to insufficient payment, participants will need to provide a valid credit card number during the registration process. AllianceRx Walgreens Prime will contact the participant to authorize any copayment amounts more than $399 before billing the credit card.
- Please allow 7-10 days for order to arrive.
- Participants may obtain additional home delivery registration forms and prescription order forms at www.MyPrime.com.

A prescription submitted to the home delivery service 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 home delivery service is limited to a minimum 60-day supply and a maximum 90-day supply. AllianceRx Walgreens Prime may suspend home delivery service if a participant carries a delinquent balance on his account.

A home delivery copayment will be applied to each unit for any covered drug or medical item that requires a specific copayment per unit or vial, such as insulin.

Prior Authorization

Certain prescription drugs require prior approval. The prescribing provider must contact Prime at 855-457-0408 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 Prime, the provider must contact Prime 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 Prime 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 Prime 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 Prime 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.

Prime Specialty Drug Management Program
The Prime 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 AllianceRx Walgreens Prime, or any other approved specialty pharmacy within the specialty network, in order to be covered. Participants purchasing through AllianceRx Walgreens Prime 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 Prime at 877-627-6337 for more information on the Prime 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 Prime Specialty Drug Management Program. For assistance with obtaining a limited distribution drug and with locating an approved distributor, contact Prime at 877-627-6337.

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