

PLAN DOCUMENT
AND
SUMMARY PLAN DESCRIPTION
for the
KENT COUNTY
EMPLOYEE AND RETIREE BENEFITS PLAN
(PRESCRIPTION PLAN EXTRACT

PRESCRIPTION DRUG BENEFIT

The prescription drug benefit is administered through OptumRX and includes a retail pharmacy benefit and a mail order benefit.

Retail Pharmacy Benefit Option

- Copayments

Generic Prescription (medication and supplies) used for the treatment of diabetes and hypertension, and preventive Prescriptions required by Health Care Reform including generic contraceptive medications and devices, breast cancer drugs for women at increased risk for breast cancer and smoking cessation drugs	\$0.00
Generic Prescription not listed above and Insulin on the Formulary (Preferred) list	\$15.00 (up to a 34-day supply)
Formulary (Preferred) Brand Name Prescription	\$25.00 (up to a 34-day supply)
Non-Formulary (Non-Preferred) Brand Name Prescription	\$45.00 (up to a 34-day supply)

- Any one pharmacy prescription is limited to a 90-day supply. There is no maximum quantity supply.
- 75% of the supply must be consumed before a refill is authorized.
- Prescriptions costing more than \$5,000 filled through a retail pharmacy must be preapproved. Please contact OptumRX if you need a drug which costs more than this limit.

Mail Order Benefit Option

- Copayments

Generic Prescription (medication and supplies) used for the treatment of diabetes and hypertension, and preventive Prescriptions required by Health Care Reform including generic contraceptive medications and devices, breast cancer drugs for women at increased risk for breast cancer and smoking cessation drugs	\$0.00
Generic Prescription not listed above, and Insulin on the Formulary (Preferred) list	\$30.00 (35-day through 90-day supply)
Formulary (Preferred) Brand Name Prescription	\$50.00 (35-day through 90-day supply)
Non-Formulary (Non-Preferred) Brand Name Prescription	\$90.00 (35-day through 90-day supply)

- Any one mail order prescription is limited to a 90-day supply. There is no maximum quantity supply.
- 50% of the supply must be consumed before a refill is authorized.
- Prescriptions costing more than \$10,000 filled through the mail order program must be preapproved. Please contact OptumRX if you need a drug which costs more than this limit.

The Plan will direct the pharmacy to dispense generic drugs unless the participant's physician specifies a brand name drug or the participant requests a brand name drug. If a brand name drug is requested, the participant will pay the applicable brand copay.

Maximum Out-of-Pocket Limit

The prescription drug benefits are subject to an annual out-of-pocket maximum. Once the out-of-pocket maximum has been met for a plan year, 100% of otherwise eligible prescription drug expenses are payable by the Plan. The out-of-pocket maximum for prescription drug expenses varies depending on whether one or more of the employee's dependents are also enrolled. For 2017, the maximums are:

<u>Prescription Drug Benefit Coverage</u>	<u>Prescription Drug Maximum Annual Out-of-Pocket</u>
Single coverage	\$5,000
Employee plus one or more dependents	\$10,000

Eligible Expenses

To be eligible for payment, the prescription drug must meet the definition of a prescription drug. This means a drug which is ordered by a physician and which is dispensed by an individual or by an organization licensed to dispense drugs on the order of a physician. For this purpose, prescription drug includes a drug which under federal law is required to bear the legend “Caution: federal law prohibits dispensing without a prescription,” a drug which under applicable state law may only be dispensed upon the prescription of a physician, or a compound medication which contains at least one ingredient which is the prescription legend drug.

Certain preventive care drugs are covered at 100% and are not subject to a prescription copayment amount. These preventive care drugs may include contraceptive medications and devices, aspirin, iron supplements, fluoride supplements, folic acid, tobacco cessation drugs and immunization vaccines as defined by the USPSTF, ACIP, HRSA or other sources in compliance with the provisions of Health Care Reform. In order for these preventive care drugs to be covered at 100%, the drugs must be prescription drugs but in certain circumstances over-the-counter versions of these drugs may be covered when specifically prescribed by a physician.

Eligible prescription drugs specifically include:

- Medically necessary drugs and medicines requiring a physician’s prescription under federal law (legend drugs).
- Disposable blood/urine glucose/acetone testing agents, disposable insulin needles/syringes, insulin, insulin devices, alcohol swabs, glucagon emergency injection kit, glucose tablets, ketone testing strips and lancets.
- ADD and Narcolepsy drugs.
- Anabolic steroids.
- Anorexients.
- Anti-rejection drugs (immunosuppressants).
- Smoking cessation drugs which are legend drugs.
- Topical acne medications (Retin-A, Differin, Altivac and Avita).

- Acne medication (Tazorac).
- Compounded medication of which at least one ingredient is a legend drug.
- Oral contraceptives, topical contraceptives, injectable contraceptives and contraceptive vaginal rings.
- Emergency allergic reaction kits (bee sting kits, Epi-pen, Ana-kit).
- Oral fertility drugs.
- Injectables, including IV injectables, unless otherwise noted.
- Migraine medications.
- Multiple Sclerosis medications.
- Multiple vitamins, prenatal vitamins and pediatric vitamins that are legend drugs requiring a physician's prescription.
- Allergy sera.
- Non-insulin needles and syringes.
- DESI drugs, unless otherwise noted.
- Controlled substance 5 (i.e., Robitussin AC syrup, Naldecon-CX) where the medications may be considered a legend drug.
- Single entity vitamins which are used for the treatment of specific vitamin deficiency diseases.

Limits for Certain Medications

Certain medications may be subject to special copays and/or quantity limits. These restrictions are not intended to deny benefits, but help protect participants. They help insure these medications are not utilized inappropriately or that recommended maximum dosages are not exceeded. They are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by licensed, clinical staff.

Examples of medications subject to special copays and/or quantity limits are:

<u>Drug</u>	<u>30-Day Quantity Limit*</u>
Anzemet	50 mg – 6 days/retail and 18 days/mail; 100 mg – 3 days/retail and 9 days/mail
Butorphanol Solution 10 mg/ml	9 per 31 days/retail and 27/mail
Granisetron HCL Tab 1 mg	6 days/retail and 18 days/mail
Granisol HCL Oral Solutions	30 ml/retail and 90 ml/mail
Ketorolac	10 mg – 20 per 31 days/retail only; Inj 15 ml – 40 per 31 days/retail and 120/mail; Inj 30 ml – 20 per 31 days/retail and 60/mail
Ondansetron HCL Oral Solution 4 mg/5 ml	600 per 23 days/retail (12 bottles/month) and 1800/mail
Ondansetron/Zofran Tab 4 mg & 8 mg	4 mg – 18 per 31 days/retail and 54/mail; 8 mg – 60 per 30 days/retail and 180/mail
Relenza	20 per 31 days/retail and mail
Tamiflu 30 mg	20 per 31 days/retail and mail
Tamiflu 45 mg	10 per 31 days/retail and mail
Tamiflu 75 mg	10 per 31 days/retail and mail
Tamiflu Suspension 12 mg	180 per 31 days/retail and mail
Tamiflu Suspension 6 mg	No longer available

****x3 for 90 day supplies on those not listed with 90 day quantities***

This list is subject to change. Post limits are reviewable through the appeals process. A letter of medical necessity and related clinical documentation must be faxed to the OptumRX appeals department by the participant's physician. The appeals department fax number is (877) 239-4565.

Prior Authorization

Certain medications such as growth hormones, Botox, Soliris, Promacta, Somatuline, Myobloc, and Xenazine are subject to prior authorization. For prior authorization, contact Specialty Guideline Management at (800) 711-4555.

Core and Step Therapy Medications

Most medical conditions have multiple medication options. Although their clinical effectiveness may be similar, prices can vary widely. To that end, Employer has implemented a step therapy program for select employee groups (check the management

pay plan handbook or collective bargaining agreement for more information). With the step therapy program, participants get the treatment needed, usually at a lower cost. In step therapy, covered prescription drugs are organized into a series of "steps." Participants are required to try a Step 1 medication first before a Step 2 medication may be covered.

When the pharmacy receives a prescription, the pharmacy's system automatically screens the medication for step therapy requirements. If prior pharmacy claims indicate that a participant has tried a Step 1 medication in the recent past, a Step 2 medication may be processed. The pharmacist may contact the participant's physician for further explanation.

Certain prescription drugs require three steps before a medication is covered. In this instance, participants are required to try Step 1 and Step 2 medications before receiving benefit coverage for a Step 3 medication.

Participants are encouraged to discuss treatment and medication options with their physician. Questions about the step therapy program can be answered by calling the toll-free telephone number on the back of your prescription drug identification card.

Core and Select Step Therapy Medications*

If you have a prescription for any of the following Step 2 medications, you will be required to first try a Step 1 medication(s) for benefit coverage. **Please note: Bold Type = Brand name drug** and plain type = Generic drug.

Condition	Step 1	Step 2
Anti-infectives		
Oral Brand Tetracyclines	doxycycline	Acticlate, Adoxa, Doryx, Monodox, Targadox
Otic Agents	ofloxacin	Cetraxal, Ciprofloxacin
Cardiovascular		
Beta Blockers	carvedilol	Coreg CR
Calcium Channel Blockers	Any of the following generics: amlodipine, perindopril	Prestalia
Renin-Angiotensin System Agents	Any one of the following generics: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, benazepril-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, moexipril-HCTZ, quinapril-HCTZ, amlodipine-benazepril, trandolapril- verapamil losartan, losartan-HCTZ, candesartan, candesartan-HCTZ, irbesartan, irbesartan-HCTZ,	Azor, Benicar, Benicar HCT, Edarbi, Edarbyclor, Tekturna, Tekturna HCT, Tribenzor

Condition	Step 1	Step 2
	<p>telmisartan</p> <p>Any one of the following generics: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, benazepril-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, moexipril-HCTZ, quinapril-HCTZ, amlodipine-benazepril, trandolapril- verapamil losartan, losartan-HCTZ, candesartan, candesartan-HCTZ, irbesartan, irbesartan-HCTZ, telmisartan</p> <p>AND any one of the following preferred brands: Tekturna[†], Tekturna HCT[†]</p>	<p>Amturnide, Tekamlo</p>
Statins	<p>atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin</p>	<p>Altoprev, Lipitor, Livalo</p>
Fibric Acid Derivatives	<p>fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab</p> <p>Lipofen</p>	<p>Fenoglide, Fibricor, Lofibra (fenofibrate cap), Triglide</p>
Antianginals	<p>acebutolol, amlodipine, amlodipine- benazepril, amlodipine-telmisartan, amlodipine-valsartan, atenolol, bextaxolol, bisoprolol, carvedilol, diltiazem, diltiazem ER, felodipine ER, isosorbide dinitrate ER, isosorbide mononitrate ER, isradipine, metoprolol, metoprolol ER, nadolol, nicardipine, nifedipine, nisoldipine SR, nitroglycerin ER, pindolol, propranolol, propranolol SR, timolol, trandolapril- verapamil, verapamil, verapamil ER</p> <p>Azor[†], Systolic, Cardene SR, Dilatrate SR, Inderal XL, Innopran XL, Levatol</p>	<p>Ranexa</p>
Central Nervous System		
ADHD Agents	<p>Any two of the following generics or preferred brands: amphetamine- dextroamphetamine IR or ER, dexmethylphenidate IR or ER, dextroamphetamine IR or SR,</p>	<p>Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta, Daytrana, Desoxyn, Dyanavel XR, Evekeo, Focalin XR, Kapvay, Metadate CD, Methylin Solution, Methylin Chew, Procentra,</p>

Condition	Step 1	Step 2
	methylphenidate IR or ER, Vyvanse	Quillichew ER
Analgesic Packs	Any one of the following generics: ranitidine AND any one of the following generics: diclofenac, diclofenac ER	DermacinRx Inflammatral Pak, Derma SilkRx
	Any one of the following generics: lidocaine patches AND any one of the following generics: diclofenac, diclofenac ER	DermacinRx Analgesic Combopak
Anticonvulsants*	topiramate	Trokendi XR
Antidepressants*	bupropion SR Any two of the following generics or preferred brands: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER, Pristiq	Aplenzin Trintellix, Viibryd
	Any two of the following generics or preferred brands: duloxetine, venlafaxine, venlafaxine ER, Pristiq	Fetzima
Antipsychotics*	Any two of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine, risperidone, Saphris, Seroquel XR	Fanapt, Latuda, Vraylar
Insomnia Agents	eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	Belsomra
	zolpidem, zolpidem CR	Edluar, Zolpimist
Migraine Agents	rizatriptan, sumatriptan, zolmitriptan	Treximet, Zecuity
	rizatriptan, sumatriptan, zolmitriptan	Onzetra Xsail
Narcotic Analgesics	tramadol, tramadol-acetaminophen	Tramadol ER
	hydromorphone ER, morphine sulfate ER, oxycodone ER, Embeda, Opana ER, Oxycontin	Hysingla ER, Kadian, Nucynta ER, Zohydro ER, Xtampza ER
Neurologic Agents	Gabapentin	Gralise
	amitriptyline, cyclobenzaprine, duloxetine, Lyrica	Savella

Condition	Step 1	Step 2
Non-Narcotic Analgesics	diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	Cambia, Tivorbex
Parkinson's Disease	carbidopa-levodopa, carbidopa-levodopa CR	Rytary
Women's Health	esterified estrogens-methyltestosterone, estradiol, estradiol-norethindrone, estropipate, paroxetine, fluoxetine	Brisdelle
Dermatology		
Miscellaneous	triamcinolone cream 0.1%	DermacinRx Silapak, Derma SilkRx SDS Pak, Dermawerx, NutriaRx, Sanadermr, Sure Result Kit TAC Pak, Tri-Sila, Whytederm
Rosacea	Soolantra	Finacea
Skin Cancer Agents	Any one of the following generics: fluorouracil, imiquimod	Picato
Topical Acne Treatments	Any one of the following preferred brands: Epiduo/Epiduo Forte, Onexton	Acanya, Benzaclin, Benzamycin, Duac, Veltin, Ziana
Topical Immunomodulators	Any one of the following generics : alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene- betamethasone	Eidel
Endocrinology		
Basal Insulin	All of the following preferred brands: Lantus, Levemir, and Toujeo	Ryzodeg, Basaglar
Diabetic Agents	Any one of the following generic s: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Actoplus Met XR

Condition	Step 1	Step 2
	Any one of the following generic s: glipizide-metformin, glyburide-metformin, metformin, metformin ER, pioglitazone-metformin	Avandamet, Avandaryl, Avandia, Cycloset
Blood Glucose Meters and Strips	Accu-Check, Onetouch	Abbott, Aeon, At Last, Bayer, Embrace, EPS, Fora Care, Glucocard, Gmate, Liberty, Neutek, Quintet, Relion, Reveal, Supreme, True Metrix, Truetest, Truetrack, Ultima, Unistrip
DPP4 Inhibitors	metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
	Janumet [†] , Janumet XR [†] , Januvia [†] , Jentadueto [†] , Jentadueto XR [†] , Tradjenta [†]	alogliptin, alogliptin- pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni
GLP-1 Agonists	metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	Bydureon, Byetta, Trulicity, Victoza
	Bydureon [†] , Byetta [†] , Trulicity [†] , Victoza [†]	Tanzeum
SGLT2 Inhibitors	metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	Invokamet, Invokana, Jardiance, Synjardy
	Invokamet[†], Invokana[†], Jardiance[†], Synjardy[†]	Farxiga, Glyxambi, Xigduo XR
Short-Acting Insulin	Humalog, Novolog	Apidra
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	Amitiza, Linzess
Gastroprotective Agents	Any one of the following generics: diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	Duexis
Irritable Bowel Syndrome	Both of the following preferred brands: Apriso, Lialda	Asacol HD, Delzicol, mesalamine
Opioid-Induced Constipation	Amitza	Movantik
Pancreatic Enzymes	Both of the following preferred brands: Creon, Zenpep	Pancreaze, Pertzye, Ultresa, Viokace

Condition	Step 1	Step 2
Proton Pump Inhibitors	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, Dexilant	Aciphex, esomeprazole strontium, First-Lansoprazole, First-Omeprazole, omeprazole- sodium bicarbonate, Prevacid, Prilosec, Protonix, Zegerid
	Any one of the following preferred brands: Omeclamox-Pak, Pylera	Helidac, Prevpac
Miscellaneous		
Antigout Agents	Colcrys	Mitigate, colchicine
	Allopurinol	Uloric, Zurampic
Ophthalmology		
Ophthalmic Antihistamines	Any one of the following generics or preferred brands: azelastine Pataday, Patanol	Bepreve, Lastacraft
Respiratory		
Epinephrine Auto Injectors*	Any one of the following preferred brands: Epipen, Epipen-Jr	Adrenaclick, Auvi-Q, epinephrine
Inhaled Corticosteroids	Any two of the following preferred brands: Arnuity Ellipta, Flovent, Pulmicort Flexhaler, QVAR	Alvesco, Asmanex
Inhaled Cystic Fibrosis Agents	Bethkis	Kitabis, Tobi, Tobi Podhaler, tobramycin nebulizer
Leukotriene Modifiers	Any one of the following generics: montelukast, zafirlukast	Zyflo, Zylfo CR
Long-Acting Bronchodilators	Any two of the following preferred brands: Advair, Breo Ellipta, Serevent, Symbicort	Arcapta, Striverdi Respimat
	Both of the following preferred brands: Incruse Ellipta, Spiriva	Tudorza Pressair
Long-Acting Bronchodilator Combinations	Advair, Breo Ellipta, Symbicort	Dulera
	Advair, Breo Ellipta, Serevent, Symbicort Spiriva	Bevespi Aerosphere, Utibron Neohaler
Short-Acting Beta Agonist Inhalers	Ventolin HFA ProAir HFA, ProAir Respiclick	Proventil HFA, Xopenex HFA
Urology		

Condition	Step 1	Step 2
BPH Agents	Any two of the following generics or preferred brands: alfuzosin, doxazosin, tamsulosin, terazosin Rapaflo	Cardura XL
Urinary Antispasmodics	Any two of the following generics or preferred brands: oxybutynin IR/ER, tolterodineIR/ER Vesicare	Myrbetriq

Step therapy requirements were effective as of January 1, 2017. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs, including quantity limits and prior authorization, may exist for the above medications which may affect your prescription drug coverage.

† These agents are also subject to additional step requirements as indicated in table.

*Applies to new starts only.

Exclusions

The prescription drug benefit shall not pay for the following drugs, drug-related items, services and supplies:

- Abortifacient drugs, except to the extent classified by the federal government as a required preventive care drug to be offered by a non-grandfathered health plan.
- Impotency drugs.
- Non-prescription drugs, except as expressly provided.
- Cosmetic alteration drugs.
- Hair growth stimulants.
- Anti-wrinkle creams.
- Cosmetic drugs.
- Blood glucose testing monitors.
- Fertility injectables.
- Immunization agents and biological sera.
- Therapeutic devices or supplies, including support garments, ostomy supplies, durable medical equipment and non-medical substances regardless of intended use.
- Blood products, blood serum.
- Experimental drugs which do not have NDC numbers.
- Blood component.
- Surgical supply/medical device/ostomy.
- Any medications not FDA approved or not FDA approved for the treatment of the participant's condition.
- Miscellaneous biologicals.
- Allergenic extracts.
- Fluoride.
- Inhaler extender devices.

- Alodox convenience kit.
- Homeopathic medications.

See the “**Error! Reference source not found.**” section for the claim and appeal procedures with respect to the prescription drug benefit.

Plan’s Right to Reimbursement and Subrogation Right

If the Plan pays prescription drug benefits and another party (other than the participant or the Plan) is or may be liable for the expenses, the Plan has a right of reimbursement which entitles it to an equitable lien to be reimbursed from the participant or another party for 100% of the amount of benefits paid by the Plan to the participant or on the participant’s behalf.

If the participant does not bring an action against the other party who caused the need for prescription drug benefits to be paid by the Plan within a reasonable period of time after the claim arises, the Plan will have the right to bring an action against the other party to enforce and protect its right to reimbursement. In this circumstance, the Plan will be responsible for its own attorneys’ fees.

The participant will do whatever is necessary and will cooperate fully to secure the rights of the Plan. This includes assigning the participant’s rights against any other party to the Plan and executing any other legal documents that may be required by the Plan.