

PRESCRIPTION DRUG PROGRAM
A Supplemental Summary Plan Description

ELIGIBILITY

All persons who are covered by the ILWU-PMA Welfare Plan and are eligible for ILWU-PMA Welfare Plan hospital-medical-surgical benefits through the ILWU-PMA Coastwise Indemnity Plan are eligible for the Prescription Drug Program.

HOW THE PROGRAM WORKS

This program provides **three** ways to obtain prescriptions and refills written by a healthcare provider licensed to prescribe medications.

Network pharmacy - Retail - For short-term medications, a retail network pharmacy may work best for you. You do not have to pay the entire cost of prescriptions at the time of purchase. Simply present your OptumRx ID card to a network pharmacy and you will be charged a \$1.00 copayment for each covered new prescription or refill. To locate a network pharmacy, call OptumRx toll free Customer Service at 1-800-797-9791 or go to www.optumrx.com to find a network pharmacy in your area.

Prescriptions by mail - As a convenience to you, you may order prescriptions through the mail from OptumRx. **There is no copayment for prescription drugs ordered through the mail order service.** The mail order service works as follows:

NEW PRESCRIPTIONS BY MAIL – When you (or your eligible Dependent) **start a newly prescribed** maintenance medication, request **two** prescriptions from your provider and have one filled immediately at a retail network pharmacy, paying the \$1.00 copayment (see above). When you are confident that you will continue using the prescribed medication, you should complete a mail service order form and mail the second prescription to OptumRx, at least 14 days before you need the medicine. There is no copayment when filling your prescriptions by mail. If you are **currently** taking a maintenance medication, you should ask the doctor to provide a **new** prescription and then mail it to OptumRx at the address on the mail order service form. The prescription order will arrive at your (or your eligible Dependents) home with a reorder form that shows the number of refills remaining.

REFILLS BY MAIL - At least two weeks before a refill is needed, you (or your eligible Dependent) should send OptumRx the reorder form. Refills may also be ordered by calling toll free: 1-800-797-9791 or by going online at www.optumrx.com.

Mail Service Prescription Drug order forms may be obtained from your Union Local or the Benefit Plans office. OptumRx's self-addressed envelopes for convenience in mailing the mail service order form are also available at your Union Local or the Benefit Plans office.

Non-network pharmacy – If you are unable to use a network pharmacy, you may pay the entire cost of the prescription at the time of purchase and submit a claim form for reimbursement, up to reasonable charges less the \$1.00 copayment per prescription. Your copayment will be higher if the non-network pharmacy's charges exceed reasonable charges. Claim forms are available at your Local, the Benefit Plans office or at www.benefitplans.org. The Employee portion certifying the claim is valid and the pharmacist portion of the form must both be completed. You will be required to attach their original pharmacy receipt(s) to the claim form. Reimbursement payments are processed within 21 days of OptumRx's receipt of the claim form.

The following prescription types are generally covered but some may require prior-authorization and may be limited to a specific pharmacy.

Specialty Drugs or Medications - Specialty drugs or medications that are listed on the OptumRx exclusive specialty drug list, including certain injectable and intravenously (IV) infused drugs, will be covered only if obtained through the OptumRx Specialty Pharmacy. The list of drugs on the exclusive specialty drug list is updated by OptumRx on January 1 and July 1 of each year. This list can be found online at <https://specialty.optumrx.com/drug-list>. Whether a drug is considered a specialty drug shall be determined solely by OptumRx. If you are prescribed a specialty drug on the OptumRx exclusive specialty drug list, you will need to enroll in the OptumRx specialty program. You can do this by:

- Visiting specialty.optumrx.com/new fill



- Scanning the QR code with your phone's camera
- Texting NEW to 55455
- Calling 1-855-427-4682, TTY 711 toll-free to talk to an OptumRx patient care coordinator.

New prescriptions for specialty medications will be limited to a 30-day supply for the initial prescription fill. Existing prescriptions and subsequent fills may continue to be a 30-day supply or may be increased up to a 90-day supply based on the prescriber's direction. If you do not obtain the specialty drug through the OptumRx Specialty Pharmacy, you can still get the drug, but you will have to pay the full cost, and you will not be reimbursed.

Specialty injectable drugs and IV infused drugs require pre-authorization for coverage, and you will not be reimbursed.

If the OptumRx Specialty Pharmacy cannot timely deliver your specialty drug or cannot provide the specific specialty drug, you may obtain your prescription through a different pharmacy and OptumRx will transfer the prescription accordingly, and the specialty drug will be covered by the Plan. "Timely" means the date that your prescriber determines that you must commence taking the specialty drug.

Compound Drugs - Compound drugs are covered only if dispensed by an OptumRx Compound Credentialed Pharmacy. The list of credentialed pharmacies can be found here:

<https://professionals.optumrx.com/resources/manuals-guides/nccp.html>

Certain bulk chemicals are excluded from coverage. Bulk chemicals are sometimes used by pharmacies to make compound prescriptions. Many bulk chemical products are not FDA-approved nor are available in alternate forms. Other bulk chemicals have FDA-approved formulations thereby minimizing the need for compounding these ingredients.

Any compound drug that costs more than \$1,000 requires pre-authorization, and it will not be reimbursed.

Drugs categorized as "non-essential" - Certain drugs categorized as "non-essential" that cost more than \$500 require prior authorization. An updated list of these drugs can be found on the Benefit Plans Office's website at: <https://www.benefitplans.org/>.

To request a pre-authorization, your provider and/or pharmacy must:

- Call ICM at the toll-free number 866-275-1014, and
- Submit to ICM a completed prescription prior authorization form, available at <https://www.innovativecare.com/preauthorization-request/>.

After the review is complete, ICM will send you and your provider a letter confirming whether coverage has been approved (usually within 48 hours after ICM receives the information it needs)

WHAT DRUGS ARE COVERED

Any legend drug that requires a written prescription is covered. Ask your doctor or a pharmacist about generic options every time you fill a prescription. When you have your prescription filled with a generic, you can be sure you are getting the medication you need.

DAYS SUPPLY

The maximum prescription dispensed at any time is a 30-days' supply for retail (100-days' supply when prescribed by the patient's doctor as a maintenance drug) and 90-days for mail order prescriptions. Prescriptions for controlled substances have different rules. Ask your doctor for details. Please note the list of excluded items under the heading ***What Items Are Not Covered***. Refills are covered on the same basis as the original prescription.

WHAT NON-LEGEND DRUGS ARE COVERED

The following drugs, which are available without a prescription, are covered only when prescribed in writing by a doctor for a diagnosed condition: Insulin - Diabetic supplies: including insulin syringes, needles, sugar test tablets, sugar test tape, acetone test tablets, Benedict's solution or equivalent - Compounded dermatological preparations, including ointments and lotions prepared by a pharmacist under doctor's prescription - Anti-acids, including: aluminum hydroxide, aluminum hydroxide with magnesium trisilicate, aluminum and magnesium hydroxide gel, calcium

carbonate, magnesium carbonate suspension, and dihydroxylaluminum amino-acetate - Eye and ear medications - Therapeutic vitamins - Colostomy supplies - Nasal preparations - Cough preparations - Miscellaneous: elixir terpin hydrate, n.f.; epinephrine usp ephedrine sulfate 25 mg. (3/8 gr.) ferrous sulfate 25 mg., Sudafed 60 mg.- Fluoride, oral and topical.

WHAT IMMUNIZATIONS ARE COVERED

The routine vaccines, such as COVID-19, flu, tetanus, pneumonia, and shingles, are covered through an OptumRx network pharmacy just by showing the member's OptumRx ID card. Covered vaccinations obtained through this program are covered 100% with no member copayment required.

WHAT ITEMS ARE NOT COVERED

- Drugs or medicines purchased and received prior to the member's effective date or subsequent to the member's termination
- Drugs or medicines, other than those on the OptumRx specialty drug list or those specifically listed as covered under this SSPD, which are delivered or administered to the member by a prescriber or prescriber's staff
- Drugs or medicines prescribed as a result of war or acts of war
- Drugs or medicines furnished or payable under any plan or law of any government agency or organization, Workers' Compensation Law, or under any insurance plan or similar plan
- Drugs or medicines for which no charge is made
- Medications other than those on the OptumRx specialty drug list or those specifically listed as covered under this SSPD, which are received/consumed while in a licensed hospital, facility, or medical institution
- Medications prescribed for experimental or non-FDA approved indications unless prescribed in a manner consistent with a specific indication in Drug Information for the Health Care Professional, published by the United States Pharmacopoeial Convention, or in the American Hospital Formulary Services edition of Drug Information; medications limited to investigational use by law
- Supplies and devices unless listed as covered
- Immunization agents other than what is listed above (Note: Coastwise Indemnity Plan offers an immunization benefits)
- Biological sera
- Gerovital (alleged youth restoring agents)
- Nicorette Gum and other OTC smoking cessation products
- Inhaler extender devices (e.g., Aerochamber, Inspirease, Easivent)
- T.R.U.E. test
- Medications available without a prescription (over-the-counter) even if ordered by a physician via a prescription, except as listed under *What Non-Legend Drugs Are Covered*
- Alternative medications
- Prescription Misc. Nutritional Substances & Nutritional Supplements
- Specialty Drugs when not obtained through the OptumRx Specialty Pharmacy, except if the OptumRx Specialty Pharmacy cannot timely deliver your specialty drug or cannot provide the specific specialty drug, as discussed above.

CLAIMS REVIEW PROCEDURE

Requests for review of a denied Prescription Drug Benefit claim should be submitted to the Benefit Plans office. If you do not agree with a pre-authorization decision for specialty, compound or "non-essential" drugs, you may make a written request for review by the Trustees pursuant to the terms of the ILWU-PMA Welfare Plan. The Claims Review Procedure is described completely in your Welfare Plan Summary Plan Description.

The Information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.