

IV. PRESCRIPTION DRUG BENEFITS FOR ACTIVE AND NON-MEDICARE ELIGIBLE MEMBERS

Note: *These prescription benefits apply to Active members and Non-Medicare eligible retirees, dependent survivors and their eligible dependents. If you are a Medicare eligible retiree, dependent, or dependent survivor who is enrolled in the Express Scripts Medicare Prescription Drug Plan, please see Section V immediately following this section for a description of your benefits.*

Active members', their eligible, enrolled dependents', and non-Medicare eligible retirees' prescription drug benefits are provided under the EMHP by WellDyneRx through a network of retail pharmacies, located throughout the United States and WellDyneRx Mail Order Pharmacy for mail order prescriptions and US Specialty Care Pharmacy (USSC) for specialty mail order prescriptions. The list of participating retail pharmacies can be accessed via the EMHP website, www.emhp.org, or directly via the WellDyneRx website at emhp.welldynernx.com.

A. TYPES OF DRUGS

Acute Care Drugs

Acute care drugs are medications which are taken for an illness or injury of short duration. Acute care drugs are limited to a 21-day supply (plus refills) from a retail pharmacy. Examples of acute care drugs are antibiotics and pain relievers. Generally health professionals prescribe these acute care medications for a limited time. However, if your health professional feels this medication should be taken on a long-term basis, you should have your prescription filled through WellDyneRx mail order to avoid additional expense to you, as explained in the example below.

For example,

Prescription for *Prednisone Tab 20 mg*

At a participating Retail Pharmacy, the member pays \$5.00 for a 21-day supply of the generic drug *Prednisone Tab 20 mg*. If your doctor prescribes a 90-day supply, you would have to pay more than four (4) \$5 copays and make several trips to the pharmacy. At WellDyneRx's mail order pharmacy, you can receive the full 90-day supply for only one \$5.00 copay.

Maintenance Drugs (Mandatory Mail Order)

Maintenance drugs are medications which are taken for chronic conditions and are prescribed for more than a 21-day supply, and generally may be prescribed for a 90-day supply. Examples of maintenance medications are drugs for the treatment of hypertension, heart disease, diabetes, asthma/allergies, Attention Deficit Hyperactivity Disorder and other conditions that require medications to be taken regularly.

Maintenance drugs or acute care drugs ordered for more than 21 days **must be** filled through WellDyneRx mail order. **If you choose to have the prescription filled at a retail pharmacy, it will be filled for only a 21-day supply. After you fill your maintenance drug prescriptions at a retail pharmacy twice, there will be no coverage - you will be responsible for the entire cost of the drug(s). See section entitled - Mail Order Prescription Drug Program - WellDyneRx Mail Order at page 9.**

For example,

Prescription for 90-day supply of Januvia 25 mg (Preferred Brand Medication)

Subject to mail order rules set forth below, at mail order, the member pays \$20.00 for a 90-day supply of a preferred brand drug Januvia 25 mg. At a retail pharmacy the member would receive two 21-days' supplies, for two copays of \$15.00 each (\$30.00 total) and thereafter, pay 100% of the pharmacy's reasonable and customary charge for Januvia 25 mg.

Specialty Drugs

Specialty Drugs are high-cost drugs, often self-injected and used to treat complex or rare conditions including multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia. Specialty drugs are not considered maintenance drugs because they require constant monitoring and dosing changes. Covered specialty drugs will be dispensed at a 30-day supply with one copayment*. These specialty drugs must be filled through US Specialty Care (USSC), a WellDyneRx Specialty Pharmacy. Prescriptions for Specialty Drugs are not covered if filled at a retail pharmacy, unless they are a limited distribution medication and cannot be filled by USSC pharmacy. Please note this applies to specialty drugs **only**.

Controlled Substances

Some maintenance prescriptions for controlled substances can be obtained through WellDyneRx mail order pharmacy. However, some controlled substances may only be filled for a 30-day supply at mail. If your doctor submits the diagnosis code along with the prescription, a 90-day supply may be available, at mail order **only**.

Most controlled substances may be obtained from a retail pharmacy for a 30 day supply at the applicable copay.

If you have any questions regarding your prescription for a controlled substance, please contact WellDyneRx at 1-855-799-6831 (TTY711) to speak to a Customer Service Advocate.

* If you are receiving specialty medication for the treatment of HIV, then you may receive a 90-day supply of your medication through USSC only.

B. THREE-TIER (COPAYMENT) DRUG PROGRAM

EMHP has a three-tier (copayment) drug program consisting of Generic, Preferred Brand and Non-Preferred Brand drugs. **This program includes a mandatory generic substitution requirement, a preferred brand name drug option and a non-preferred brand name drug option.** As an EMHP member, you realize savings by reducing out-of-pocket costs with the utilization of generic and preferred medications. Each tier represents a different out-of-pocket copayment by the member as outlined below.

Please check either WellDyneRx's website, emhp.welldynrx.com or EMHP's website, www.emhp.org for the latest "Preferred Universal Formulary List". The list represents the most commonly utilized preferred prescription medications. Please note because there are so many, medications not all generics are listed.

- **The first tier (Generic)[†]** - A generic drug is a less expensive duplicate version of well-known and widely used brand-name drug. A generic drug is comparable to a brand in terms of same active ingredient(s), same route of administration, same dosage form, same strength, same conditions of use, be bioequivalent, and same intended use, as defined by the Food and Drug Administration, A generic drug is the most affordable way for you to obtain quality medications at the lowest copayment. A generic drug is labeled with the medication's basic chemical name and has a brand name equivalent associated with it.
- **The second tier (Preferred Brand)[†]** - The preferred drugs (also known as formulary drugs) are selected brand name drugs, which are more cost effective and/or therapeutically advantageous than similar drugs available. You or your healthcare professional can access the Clinical Focus Formulary List on WellDyneRx's web site, emhp.welldynrx.com or EMHP's website, www.emhp.org. You should speak with your healthcare professional regarding the prescription drugs on the WellDyneRx Clinical Focus Formulary List. You may be charged a slightly higher copayment for these drugs if a generic equivalent exists.

[†] *If your healthcare professional does NOT write Dispense as Written (DAW) or select DAW on the prescription, many states, including New York State, require that the pharmacy dispense the generic equivalent medication. Remember, the EMHP has a mandatory generic requirement.*

How does a medication become a “preferred drug”? - WellDyneRx’s Pharmacy and Therapeutics (P&T) Committee, consisting of a group of pharmacists and healthcare professionals with extensive medical experience, evaluates whether to include the medication on the “preferred drug” list, on the basis of its safety and efficacy. If the drug is found to be both safe and effective then WellDyneRx’s P & T Committee considers if the drug offers a unique therapeutic option for the particular disease or condition. If the drug is considered unique, the drug can be categorized as preferred. If there are similar drugs available, the entire drug category is evaluated in accordance with WellDyneRx’s procedures.

- **The third tier (Non-Preferred Brand)** - These are made up of brand name drugs that either have an equally effective and less costly generic equivalent or may have one or more preferred brand options. If you choose a drug from the third tier, you are charged the highest copayment.

The three tier copayment structure allows you to take advantage of a lower copayment for generic or preferred brand name drugs while still maintaining availability of non-preferred brand name drugs.*

If your healthcare professional prescribes a non-preferred brand name drug or a preferred brand name drug and marks “DAW” on the prescription and a generic equivalent exists, if you fill the prescription for the brand name drug, you will pay the difference in ingredient cost between the generic and the prescribed medication, **plus** the applicable copayment. However, if you have tried and failed with the generic drug, and you require the non-preferred or preferred brand name drug, then your healthcare professional can submit a request for a waiver to WellDyneRx which, if approved, authorizes coverage of the brand name drug without requiring you to pay the difference in cost. You will still pay the applicable copay however. See Page 20 - Mandatory Generic/Non-Preferred Drug Waiver Process. Each year you will be required to have your waiver renewed. WellDyneRx will send you a letter approximately forty five (45) days prior to the expiration date of your waiver.

** In accordance with WellDyneRx procedures.*

PRESCRIPTION DRUG THREE-TIER COPAYMENT STRUCTURE

Supply Dispensed	Generic *	Preferred Brand ^{1*}	Non-Preferred Brand ^{2#}
Retail Pharmacy (21 day supply or less)	\$5	\$15	\$30
Mandatory Mail Order for Maintenance Medications (Over 21 and up to 90 days)	\$5	\$20	\$55

¹You will pay the applicable copayments for preferred brand name drugs obtained where no generic equivalent exists. Since the EMHP follows the mandatory generic substitution requirement, if a generic equivalent exists then you will pay the applicable copayment for the preferred brand name drugs **PLUS** the difference in cost between the preferred brand name and the generic drugs.

²You will pay the applicable copayments for non-preferred brand name drugs obtained where a preferred brand name equivalent exists but no generic equivalent exists. Since the EMHP follows the mandatory generic substitution requirement, if a generic equivalent exists then you will pay the applicable copayment for the non-preferred brand name drugs **PLUS** the difference in cost between the non-preferred brand name and the generic drugs.

*Generic non-sedating antihistamines, which include, but are not limited to, fexofenadine, are charged the preferred drug copayment.

#Brand non-sedating antihistamines, whether preferred or not, including but not limited to, Clarinex/D, Allegra/D, Zyrtec (for children through age 6 only), Xyzal/D, are charged the non-preferred drug copayment.

Prescription Drug Benefits*
Acute Medications (up to a 21-day supply with refills)‡

Prescription Drug Tier	In-Network Pharmacies	Non-Network Pharmacies
Generic and Preferred Brand Drugs without a generic equivalent	After the appropriate prescription copayment, EMHP pays 100%.	After the appropriate prescription copayment, EMHP pays 100% of its “in-network” pharmacy contracted price. You are responsible for charges above this contracted price.
Preferred Brand Drugs with a generic equivalent	After the appropriate prescription copayment, EMHP pays 100% of its contracted price for the generic equivalent. You are responsible for the difference between the contracted price and the cost of the preferred brand drug.	After the appropriate prescription copayment, EMHP pays 100% of its “in-network” pharmacy contracted price for the generic equivalent. You are responsible for the charges above this contracted price.
Non-preferred Brand Drugs with a generic equivalent	After the appropriate prescription copayment, EMHP pays 100% of its contracted price for the generic equivalent. You are responsible for the difference between the contracted price and the cost of the generic equivalent.	After the appropriate prescription copayment, EMHP pays 100% of its “in-network” pharmacy contracted price for the generic equivalent. You are responsible for charges above this contracted price.
Non-preferred Brand Drugs where a Preferred Brand Drug exists	After the appropriate prescription copayment, EMHP pays 100%.	After the appropriate prescription copayment, EMHP pays 100% of its “in-network” pharmacy contracted price. You are responsible for charges above this contracted price.

* Coverage of Prescription Drug Benefits is subject to plan rules and regulations, including but not limited to, Step Therapy, Mandatory Generic Requirements, Prior Authorization, Drug Quantity Level Limits and mandatory mail order.

‡ Additional refills allowable as per State law

Prescription Drug Benefits* (continued)
WellDyneRx Home Delivery/Mail Order
Maintenance Medications Only¹ (up to a 90-day supply with refills)

Prescription Drug Tier	WellDyneRx's Mail Order Pharmacies	Non-Network or Non-mail order Pharmacies
Generic and Preferred Brand Drugs without a generic equivalent	After the appropriate prescription copayment, EMHP pays 100% for up to a 90-day supply of maintenance drugs. ¹	You will only be permitted to fill your prescription for a maintenance medication for a 21-day supply, subject to the appropriate prescription copayment. EMHP pays 100% of "in-network" pharmacy contracted price for only up to a 21-day supply per prescription or refill. You are responsible for charges above this contracted price.
Preferred Brand Drugs with a generic equivalent	After the appropriate prescription copayment, EMHP pays 100% of its contracted price of the generic equivalent for up to a 90-day supply of maintenance drugs. ¹ You are responsible for the charges above the plan's contracted price for the generic drug.	You will only be permitted to fill your prescription for a maintenance medication for a 21-day supply, subject to the appropriate prescription copayment. EMHP pays 100% of "in-network" pharmacy contracted price for the generic equivalent. You are responsible for charges above this contracted price.
Non-preferred Brand Drugs with a generic equivalent	After the appropriate prescription copayment, EMHP pays 100% of its contracted price of the generic equivalent for up to a 90-day supply of maintenance drugs. ¹ You are responsible for the charges above the plan's contracted price for the generic drug.	You will only be permitted to fill your prescription for a maintenance medication for a 21-day supply, subject to the appropriate prescription copayment. EMHP pays 100% of "in-network" pharmacy contracted price for the generic equivalent. You are responsible for charges above this contracted price.
Non-preferred Brand Drugs where a Preferred Brand Drug exists	After the appropriate prescription copayment, EMHP pays 100% for up to a 90-day supply ¹ .	You will only be permitted to fill your prescription for a maintenance medication for a 21-day supply, subject to the appropriate prescription copayment. EMHP pays 100% of "in-network" pharmacy contracted price for only up to a 21-day supply per prescription or refill. You are responsible for charges above this contracted price.

* Coverage of Prescription Drug Benefits is subject to plan rules and regulations, including but not limited to, Step Therapy, Mandatory Generic Requirements, Prior Authorization, Drug Quantity Level Limits and mandatory mail order.

¹ Additional refills allowable as per State law.

Mandatory Generic Substitution Requirement

Even if your healthcare professional writes DAW on your prescription, the EMHP follows a mandatory generic substitution requirement. This plan feature limits coverage for drugs which have generic equivalents. Therefore, the following rules apply to prescriptions written for:

- **A preferred or non-preferred brand name drug with NO generic equivalent** - you will pay the applicable copayment. (See Page 3 Section entitled – Three-Tier (Copayment) Drug Program).
- **A preferred or non-preferred brand name drug with a generic equivalent** - you will pay the applicable copayment plus the difference in cost between the preferred or non-preferred brand name drug and generic drug. This cost difference can in some cases be substantial. (See Page 3 Section entitled - Three-Tier (Copayment) Drug Program).
- **A generic drug** - you will pay the applicable copayment.

The only drugs exempt from the rule requiring that the cost difference be paid between the brand medication and their generic equivalent are prescriptions written for:

Coumadin, Premarin, Dilantin, Slo-Bid, Lanoxin, Synthroid, Levothroid, Tegretol, Mysoline, and Theo-Dur

Generic and preferred or non-preferred brand name drugs have exactly the same active ingredients. However, preferred or non-preferred brand name drugs can cost up to seven times more than their generic equivalents. Be sure to ask your healthcare professional about generic drugs whenever possible. Below is an example how to calculate the cost difference between a brand name drug and its generic equivalent for a *ninety (90) day supply at mail order*.

Non-Preferred Brand Name Drug and Cost	Zocor 20 mg 90 tablets	\$597.09
Generic Equivalent Drug and Cost	<i>Simvastatin 20 mg 90 tablets</i>	(\$304.77)
Price Difference		\$292.32
Cost to you if you purchase the Non-preferred Brand Name Drug		\$55.00 copayment plus the cost difference of \$292.32 totaling \$347.32
Cost to you if you purchase the Generic Equivalent	<i>Simvastatin 20 mg 90 tablets</i>	\$5.00

C. PRESCRIPTION DRUG CLINICAL PROGRAMS

EMHP has several programs, which members must adhere to. Below is a list and explanation of each program:

- Mandatory Mail Order for Maintenance Medications (22 – 90 day supply)
- Mandatory USSC Pharmacy for Specialty Medications (excluding Limited Distribution) (Closed Network)
- Step Therapy
- Standard and Enhanced Prior Authorization
- Drug Quantity Level Limits
- Personalized Medicine Program
- Compound Management Program for Compound Medications
- Rx Intercept Program for Specialty Medications
- Vaccinations
- Oral Oncology Medication Program
- New to Market Drugs Exclusion Program
- Pain Guardian Lite Program
- Closed Diabetic Formulary

Mandatory Mail Order Program for Maintenance Medications

Your WellDyneRx Mail Order Program pertains to maintenance medications, or prescription drugs for ongoing conditions such as diabetes, high cholesterol or high blood pressure. Under the program, you **MUST** fill your maintenance medication prescriptions through the WellDyneRx Mail Order Program.

Everyone should register with WellDyneRx, as this will expedite the processing of any maintenance medications you may have now or in the future. The mail order registration process is as follows:

1. Three Easy Ways to Register for Mail Order Prescriptions

a. Register online at WellDyneRx's website, emhp.welldynex.com

- Sign in as a member and then follow the instructions on the registration form.

- Have your prescriber submit your maintenance prescription (plus refills) to WellDyneRx's mail order pharmacy.

b. Register by Mail by completing and sending in a mail order registration form

- Complete a Mail Order Registration Form. (If you don't have a form, you can download it from either WellDyneRx's website, emhp.welldynerx.com or the EMHP website, www.emhp.org.) Or, simply request one by calling the toll-free number, 1-855-799-6831.
- Mail the completed form to:

**WellDyneRx
PO BOX 90369
Lakeland, FL 33804-0369**

c. Register via Telephone – Call Member Services at 1-855-799-6831 (TTY711).

2. Mail Order Pharmacy Process

- Member registers for WellDyneRx Mail Service
- Ask your healthcare professional to write or e-scribe a prescription for up to a 90-day supply of your maintenance medication (plus refills for up to one year, if appropriate). E-scribed prescriptions should be sent to WellDyneRx Prescription Delivery.
- Your prescription order enters the WellDyneRx processing system.
- A WellDyneRx pharmacist reviews your dosage and checks for drug interactions and allergies.
- For added safety, another WellDyneRx pharmacist double checks your order for accuracy after it is dispensed.
- For security, WellDyneRx mails your medications in a plain, tamper-evident package.
- Refills can be obtained by contacting WellDyneRx at 1-855-799-6831 or via the WellDyneRx website, emhp.welldynerx.com or by mailing in the refill notice that was sent to you with your medication. The prescription will be processed and delivered to your home within 7-10 days after your prescription/refill request is received

Note: Prescriptions filled through mail order are subject to all plan rules, such as step therapy, mandatory generic requirements, etc.

3. Mail Order Payment Process

You may pay by either a credit card or by check.

Note: WellDyneRx will allow you to have an outstanding (unpaid) balance of up to \$80.00 before your prescriptions will no longer be filled and payment in full is required. Payment must be sent within thirty (30) days of the date of WellDyneRx's invoice. If there is an unpaid balance after thirty (30) days, WellDyneRx will not fill your prescription(s) until the outstanding balance is paid in full.

Mandatory USSC Pharmacy for Specialty Medications (excluding Limited Distribution)

All specialty medications, except for limited distribution drugs* must be filled through a closed specialty pharmacy network. A closed specialty pharmacy network requires EMHP members to fill their specialty medications, including new prescriptions and refills through US Specialty Care (USSC), WellDyneRx's in-house specialty pharmacy. Specialty drugs will not be available through other pharmacies except for:

- limited distribution drugs not available at USSC, and
- overrides for urgent situations.

The current specialty drug list is available on the WellDyneRx website, emhp.welldynrx.com and the EMHP website, www.emhp.org. This list is continually updated as new specialty drugs enter the market or USSC gains access to additional limited distribution drugs. You should call WellDyneRx when you receive a new prescription to determine whether or not the drug is a specialty medication and if it is a limited distribution drug.

** "Limited distribution drugs" are medications that are distributed to either one or a very limited number of pharmacies and wholesalers. This group of drugs is usually used to treat conditions that only affect a small patient population and may have special and complex dosing requirements that need to be continually monitored or might be required by the Food and Drug Administration (FDA) for drug approval.*

Step Therapy Program (Therapeutic Equivalent Program)

Step Therapy is a program designed exclusively for people who have certain chronic conditions, such as Acid Reflux, Arthritis, Asthma, Allergies, Attention Deficit Hyperactivity Disorder (ADHD), Diabetes, Depression, Hypertension, Migraines, Pain and other conditions that require medications to be taken regularly. The list of conditions under the Step Therapy program is subject to change periodically. You should refer to the WellDyneRx website, emhp.welldynrx.com or the EMHP website, www.emhp.org for an up to date list. In Step Therapy, drugs are grouped in categories, based on cost:

- **Step One Drugs** – include generic drugs and some brand name drugs proven safe and cost effective. These drugs must be tried first because they can provide the same health benefit as more expensive drugs, at a lower cost.
- **Step Two Drugs** – are brand name drugs that typically cost more than the Step One Drugs and have not shown to be more efficacious than a Step One medication. Step Two Drugs will be covered only when a Step One Drug(s) has been tried and failed within the “look back” period of 180 days. Once the Step Two Drug is approved, you cannot have a lapse of more than 180 days; otherwise, you will be required to start over with a Step One Drug.

Please note all drugs in the Step Therapy program are updated as new products and generic drugs become available. Therefore, we recommend that you periodically check either the WellDyneRx website, emhp.welldynrx.com or the EMHP website, www.emhp.org for the most current information or you can contact WellDyneRx directly at 1-855-799-6831. Prescriptions for other medical conditions follow the rules and copayments of EMHP’s prescription drug plan.

<p>The following is an example of how Step Therapy works: <u>THERAPEUTIC CATEGORY</u></p>	<p><u>If your prescription is for one of these Step Two Drugs</u></p>	<p><u>Your program will point you to one of these Step One Drugs</u></p>
<p>Acid Reflux/GERD</p>	<p>Aciphex®, Dexilant, Nexium®, Prevacid®, Prilosec® packets, Protonix® suspension, Zegerid®</p>	<p>esomeprazole, omeprazole, omeprazole/sodium bicarbonate, lansoprazole, pantoprazole, rabeprazole</p>

Prior Authorization Override Process for Step Therapy Drugs

Only your healthcare professional can advise you about the drugs you take or will be taking, so speak with your healthcare professional about your medications. If your healthcare professional feels it is medically necessary for you to take the Step Two Drug without trying the Step One Drug first, **your healthcare professional** can call WellDyneRx directly at 1-855-799-6831 to request a prior authorization override. Your healthcare professional will be asked a series of questions concerning your medical condition. If the override is approved, you can fill the prescription for the Step Two Drug and pay the applicable copayment. If the override request is not approved, or if your healthcare professional does not call, and you fill the prescription for the Step Two Drug, there will be no plan coverage for that drug and you will be responsible for the full cost of the prescription.

Standard and Enhanced Prior Authorization Required for Certain Drugs

For medications contained on the Standard and Enhanced Prior Authorization Lists, you must obtain a prior authorization before the medication can be filled. In order to determine if your medication requires a prior authorization, please check either the WellDyneRx website at emhp.welldynrx.com or the EMHP website at www.emhp.org.

If your healthcare professional prescribes one of these drugs, she/he must contact WellDyneRx to begin the authorization process. Your healthcare professional will receive a Prior Authorization Form from WellDyneRx to complete and return via fax to 1-888-473-7875 for review. In addition, WellDyneRx will request from your healthcare professional the clinical information required to authorize the medication.

WellDyneRx will then notify you of the results. The prior authorization requirements apply whether you use a participating pharmacy or will be filing a claim for direct reimbursement. **It is your responsibility to get prior authorization if your healthcare professional prescribes a drug on the Standard or Enhanced Prior Authorization list.**

Note: *The list is subject to change. Please check either the WellDyneRx website at emhp.welldynrx.com or the EMHP website at www.emhp.org. It is your responsibility to ascertain from those sources, or WellDyneRx directly at 855-799-6831 whether or not a drug requires a prior authorization.*

Drug Quantity Level Limits (QLL) Program

Drug Quantity Level Limits (QLL) is a program in your pharmacy benefit that is designed *to make the use of prescription drugs safer and more affordable*. It provides you with medications you need for your good health and the health of your family, while making sure you receive them in the amount - or quantity - considered safe. It is managed by WellDyneRx, the company that manages your pharmacy benefit.

The program follows guidelines developed by the U.S. Food & Drug Administration (FDA). These guidelines recommend the maximum quantities considered safe for prescribing certain medicines. The Drug Quantity Level Limits program is based on FDA guidelines and other medical information.

Certain medications are included in this program. For these prescription drugs, you can receive an amount to last you a certain number of days: For instance, the program could provide a maximum of 90 pills for a maintenance medicine you take once a day (90 pills for 90 day supply). This gives you the right amount to take *the daily dose considered safe and effective*, according to guidelines from the U.S Food & Drug Administration (FDA).

Drug Quantity Level Limits also *helps save money in two different ways*:

- **First**, if your medicine is available in different strengths, sometimes you could take one dose of a higher strength instead of two or more of a lower strength – which saves money over time.

For example:

You might be taking one 20 mg pill twice a day. For a three (3) months’ supply, you need 180 pills. But Drug Quantity Level Limits would provide just 90 pills at a time. Therefore, you would need to refill your prescription of the 20 mg pill every 45 days for one copayment. With your *healthcare professional’s* approval, you could get a higher strength pill. For instance, you could take a 40 mg pill once a day (instead of two 20 mg pills). A three month’s supply would last you 90 days – and *you would have just one copayment*.

Taking your prescribed dose in a higher strength pill also helps EMHP save, because your plan pays for fewer pills. By saving on drug costs, you will help to contain the rising cost of prescription drugs for everyone in your plan.

- **Secondly**, the program also controls the cost of extra supplies that could go to waste in your medicine cabinet.

The following is an example of how Drug Quantity Level Limits works. The number of days’ supply is the maximum you can receive for the prescribed drug in that time period:

Name of Prescription Drug	21 Days’ Supply	90 Days’ Supply
Imitrex tablets 25, 50, and 100 mg	9 tablets	27 tablets

1. Drugs Included in the Program

Your Drug Quantity Level Limits program includes *drugs that could have safety issues for you* if the quantity is larger than the guidelines recommend. For instance, it includes drugs that aren't easily measured out, like nose sprays or inhalers.

Drugs that come in several strengths are also included. Again, if you can take fewer doses at a higher strength, you save because you pay fewer copayments – and your plan can save, too.

A list of drugs in EMHP's Drug Quantity Level Limits program can be obtained by calling WellDyneRx at 1-855-799-6831 or by downloading it from WellDyneRx's website at emhp.welldynex.com or the EMHP website, www.emhp.org. We recommend that you show your healthcare professional this list.

2. How the Drug Quantity Level Limits Program Works

When you hand in your prescription, your pharmacist sees a note on the computer system indicating that your medicine isn't covered for the amount prescribed. This could mean:

- You've asked for a refill too soon; that is, you should still have medicine left from your last supply. Just ask your pharmacist when it will be time to get a refill, or
- Your healthcare professional wrote you a prescription for a quantity larger than your plan covers.

If the quantity on your prescription is too large, you have the following options:

- For **Acute Drugs** filled at Retail: Fill your prescription as its written, for the amount that your plan covers. You will pay the appropriate copayment. However, you may only get the remainder of the original prescription filled; up to the quantity level limits and pays the copayment again. (For example, if the QLL on the drug you need is 7 per 21 days, and your script is for 10 pills, then the amount filled will be 7 for one copayment. You can "refill" for the balance of 3 pills after 21 days and pay an additional copayment; *or*
- For **Maintenance Drugs** fill at the Home Delivery Pharmacy (mail order): The WellDyneRx Home Delivery Pharmacy will try to contact your healthcare professional to suggest that the healthcare professional change your prescription to within the QLL guidelines; *or*
- Ask your pharmacist to call your healthcare professional. They can discuss changing your prescription to within the QLL guidelines. In most cases, if your healthcare professional approves this change you have fewer copayments; *or*

- Seek to obtain a prior authorization that would allow the prescription to be filled as written. Ask your retail pharmacist to contact your healthcare professional about getting a **prior authorization**. That is, your healthcare professional can call WellDyneRx at 1-855-799-6831 (TTY711) to request that you receive the original amount and strength he/she prescribed. If the prescription is at WellDyneRx's Mail Order Pharmacy, WellDyneRx will call your healthcare professional. During this call, your healthcare professional and a WellDyneRx representative may discuss how your medical problem requires medicine in larger quantities than your plan usually covers. WellDyneRx recommends that the member call their healthcare professional as well to either start the prior authorization process or confirm that WellDyneRx has reached out to their provider. WellDyneRx's Prior Authorization phone lines are open 24 hours a day, seven days a week, so a determination can be made within 48-72 hours.

Note: If WellDyneRx doesn't hear back from your healthcare professional within two days of calling to discuss a prior authorization, then it will fill your prescription for the quantity covered by the plan.

A list of the medicines included in your program is available. If you'd like a copy of the EMHP's Drug Quantity Level Limits program list, you can contact WellDyneRx at 1-855-799-6831 or by downloading it from WellDyneRx's website at emhp.welldynrx.com or the EMHP website at www.emhp.org. We recommend that you show your healthcare professional this list.

Personalized Medicine Program (a.k.a. Pharmacogenomics)

The Personalized Medicine Program facilitates pharmacogenomics (study of how genes affect a person's response to drugs) testing, providing physicians with the information they need to make personalized prescribing decisions – selecting the right drug and the right dose more quickly, safely and effectively. This personalized approach to prescribing:

- Enables more precise therapy and dosing decisions
- Increases the probability of successful therapy
- Lowers the risk of adverse effects
- Reduces waste because patients get the right drug and the right dose faster
- Reduces secondary costs; such as hospitalization, absenteeism, and trial and error of different treatments

Approval of dispensing of medications on the "Personalized Medicine Drug List, is contingent on the patient undergoing the appropriate genetic testing. The list can be obtained from

WellDyneRx's website at emhp.welldynrx.com or the EMHP website at www.emhp.org or by calling WellDyneRx at 1-855-799-6831.

All drugs in this program require a Prior Authorization review by WellDyneRx. Either you or your healthcare professional can initiate the Prior Authorization process with WellDyneRx. Your healthcare professional will receive a Prior Authorization Form from WellDyneRx to complete and submit to WellDyneRx along with the chart notes and lab results or any other documentation required by WellDyneRx via fax to 1-888-473-7875 for review.

Compound Management Program for Compound Medications

All compound medication prescriptions require Prior Authorization before they can be filled.

The prior authorization process is as follows:

- Ask your healthcare professional to fax a prior authorization request to WellDyneRx's Prior Authorization Department at 1-888-473-7875, or call 1-866-240-2204 to speak to a Prior Authorization Specialist.
- If the medication is approved, your prescription will be filled as per the approval.
- If the medication is **not** approved, please consult with your healthcare professional. As always, you may have your original prescription filled at a retail pharmacy but then you must pay the full cost of the medication.

Rx Intercept Program for Specialty Medications

To maintain affordable access to increasingly more expensive medications, EMHP has an "Rx Intercept" Program for certain specialty medications. For most participants, out-of-pocket costs will **be lower** than what you have been paying. Program participation for lower copay or no copay is awarded for successful "Rx Intercept Program" participation **only** and is subject to the drug's inclusion in the "Rx Intercept Program".

Medications may be added or discontinued from this program at any time by manufacturers, without notice. If your medication is discontinued from this program, a patient advocate from WellDyneRx's specialty pharmacy, USSC, will advise you prior to your next fill. This list is continually updated as coupons and programs are added or discontinued. Please call US Specialty Care (USSC), WellDyneRx's specialty pharmacy, at 1-800-641-8475 and ask whether your medication is covered under this program. Typically, WellDyneRx will reach out to the patient upon receipt of a prescription, or during the prior authorization process.

If you choose **not** to participate in this program, covered medications may still be obtained subject to satisfying all other plan requirements **BUT** you will pay a higher copayment, which will be the amount of your applicable plan copay **plus the difference in the value of any coupon, which could result in thousands of dollars in costs to the member!**

Enrollment in this program is easy.

1. How to Enroll:

Enrollment is fast. USSC will provide you with the information needed to enroll directly with the manufacturer. Once enrolled, you will qualify for coverage under the “Rx Intercept Program” and be eligible for the lowest possible copay.

- When you call for prior authorization for a new specialty medication or refill a specialty medication, a USSC representative will advise you if there are any manufacturer programs that you may be eligible for and provide you with the information needed to enroll; or
- You may contact USSC directly at 1-800-641-8475 to determine if this program applies to your specialty medication.

As long as your medication is covered under the program and you continue to participate, you may be able to obtain your current medication at no cost!

If you previously received your medication from a retail pharmacy, you may be contacted by a USSC representative to arrange for delivery of your medication through the WellDyneRx’s specialty pharmacy.

Vaccinations

Many diseases are preventable through the use of vaccinations. To help you stay healthy, you can receive vaccines administered at local in-network pharmacies that have the capability of doing so and it will be covered under EMHP’s prescription drug benefit. Vaccines administered at an in-network retail pharmacy typically do not require an appointment and are the same effective medications as those administered at your physician’s office. **There are no copayments for vaccines administered at an in-network retail pharmacy.**

To locate an in-network pharmacy, you may access the WellDyneRX website at emhp.welldynerx.com or call WellDyneRx at 1-855-799-6831 to find a participating pharmacy near you. Contact the in-network pharmacy in advance to inquire about vaccine availability, age restrictions, and current vaccination schedules. Don’t forget to present your EMHP ID card to the pharmacist.

Note: *New York State Law only permits the administration of the following vaccines by a pharmacist: Flu, Pneumonia, Meningitis and Zostavax. The Zostavax (shingles) vaccine, for adults 50 years of age and older, requires a prescription from your doctor. This prescription must be taken to the Pharmacist before he/she can administer the vaccine to you. If you reside outside New York State, please contact WellDyneRx at 1-855-799-6831 to determine if a prescription is required for the vaccines listed below.*

The following vaccines are covered:

Vaccine	Disease State
Influenza (includes Flu Mist & PF) Influenza (intradermal) Influenza HD (high dose)	Flu
Pneumococcal	Pneumonia
Zoster Covered for adults age 50 and over (N.Y. State requires a prescription)	Shingles
Meningococcal	Meningitis

Oral Oncology Medication Program

WellDyneRx has developed an oral oncology program that is focused on several highly prescribed cancer medications. These specific oral oncology agents have been targeted based on high discontinuation rates either due to poor response, adverse effects or noncompliance. Patients are contacted by a USSC clinical pharmacist to provide education about their cancer medication.

Prescriptions for drugs included in the Oral Oncology Program will only be dispensed by USSC for a 15-day supply for the first month of therapy, at one-half the retail copayment. This is an exception to the 21-days at retail and mandatory mail order rules. If you tolerate the prescribed medication, you will then receive another 15 day supply of medication. Thereafter, members can fill their prescription for a full 30 day supply (which is an exception to the 21-days fill at retail).

New to Market Drugs Exclusion Program

“New to market”, non-orphan (as defined by the U. S. Food and Drug Administration) prescription drugs are excluded from coverage by the EMHP for the initial six-month period following the drug’s market launch. During this period, the drugs will undergo a Pharmacy and Therapeutics Committee review for determination of the formulary/prescription drug tier and utilization management program applicable. Excluded from this program are Orphan Drugs, which will remain covered subject to plan guidelines, limitations and subject to Prior Authorization.

Pain Guardian Lite Program

The following utilization management will be in place for opioid medication prescriptions, consistent with safe prescription practices promoted by the Centers for Disease Control and Prevention (CDC) and the U. S. Department of Health and Human Services (HHS). At the pharmacy, when an initial opioid medication of 120 morphine equivalents or more in strength is sought, a Point of Sale prior authorization will take place. Continued refills of such medication will also be subject to prior authorization and eventually may require oversight of the patient by a pain management specialist.

Key elements of this program include:

- Prior authorization required on opioid doses considered high risk (i.e., receiving a dose of 120 morphine equivalents per day or more);
- Refill limitations; and
- Referral to a pain management physician.

This program is intended to promote safe and effective opioid use. It identifies patients who are at the greatest risk of experiencing adverse outcomes associated with opioid use, and ensure members with high prescription doses are being seen by pain management specialists. This program is not intended to block access to appropriate opioid therapy, to members whose care is overseen by a pain management physician, to members who have cancer or to members who are receiving end-of-life care. The program also removes barriers to treatment alternatives, which alternatives have abuse-deterrent properties, fewer side effects and/or a lower potential to be abused or misused.

Closed Diabetic Formulary

Effective May 1, 2017, the EMHP will implement a Closed Diabetic Formulary, which is designed to improve treatment outcome within a disease state where multiple clinical alternatives exist to drive choice to the most clinically effective and cost optimal product. Therefore, all new diabetes prescriptions, as well as refills filled on or after May 1, 2017, are subject to the Closed Diabetic Formulary. If your current medication is on the “Excluded Medication” list below, you should contact your doctor to review the Preferred Medication list.

If you are currently taking a medication listed in the “Excluded Medication” category in the chart below, these medications will no longer be covered. Should you decide not to switch to one of the Preferred Medications, you will be responsible for the full cost of the medication starting on May 1st.

Excluded Medication	Preferred Medication
Invokana, Invokamet	Farxiga, Jardiance, Synjardy
Afrezza, Apidra, Humalog, Humulin	Novolin, Novolog
Levemir, Tresiba	Lantus, Toujeo

Please ask your prescriber to contact the WellDyneRx Prior Authorization Department at 1-866-240-2204 with any questions about this program.

WellDyneRx recommends that you consult with your doctor to identify which preferred alternative is appropriate for you. If your doctor decides that you should remain on the excluded medication, he/she must provide a diagnostic and/or clinical review and statement of medical necessity to continue receiving this medication through your prescription benefit program. Please ask your prescriber to contact the WellDyneRx Prior Authorization Department at 1-866-240-2204 to initiate prior authorization.

The above chart is a list of excluded and preferred medications at this time. The list is subject to change. Please visit the EMHP website at www.emhp.org or WellDyneRx’s website at emhp.welldynex.com to obtain the most current drug list or contact WellDyneRx dedicated Member Services Representatives at 1-855-799-6831.

D. MANDATORY GENERIC/NON-PREFERRED DRUG WAIVER PROCESS

There are two reasons you may apply for a waiver - one is to obtain a waiver of the mandatory generic substitution requirement; the second is if your healthcare professional believes you must take a non-preferred drug when a preferred drug exists that can treat your condition. The waiver process, however, does not apply to any medical conditions and prescription drugs subject to the plan’s Step Therapy Program.

If your healthcare professional prescribes a non-preferred brand name drug or a preferred brand name drug and marks “DAW” on the prescription and a generic equivalent exists, and you fill the prescription for the brand name drug, you will pay the difference in ingredient cost between the generic and the prescribed medication, **plus** the higher, applicable copayment.

However, if you have tried and failed with the generic drug, and you require the non-preferred or preferred brand name drug, then your healthcare professional can submit a request for a waiver to WellDyneRx which, if approved, authorizes coverage of the brand name drug without requiring you to pay the difference in cost. You will still pay the higher, applicable copay however.

In order for WellDyneRx to consider waiving the mandatory generic requirement or the requirement that you obtain preferred brand name drugs as a result of treatment failure, you must have your healthcare professional submit a request with proper documentation indicating that you have tried and failed with the generic drug or two preferred alternatives, depending upon the waiver sought, and you require the non-preferred or preferred brand name drug.

To waive the brand difference in ingredient cost, WellDyneRx needs documentation submitted by your healthcare professional that you have had an adverse reaction to the generic product of a branded medication.

You may apply for a Generic/Non-Preferred Drug Waiver if one of the following conditions applies:

- Your healthcare professional believes that it is medically necessary for you to take the non-preferred brand drug to treat your condition, despite the existence of a preferred brand drug and/or generic equivalent*; and/or
- Past use of a preferred brand drug and/or generic equivalent drug has not been successful.

A waiver allows for coverage for up to one year without requiring you to pay the higher copay and/or the difference in ingredient cost. Each year you **MUST** have your waiver renewed. WellDyneRx will send you a letter approximately forty five (45) days prior to the expiration date of your waiver. You must have your healthcare professional complete another waiver request form and submit it to WellDyneRx before the original waiver expires.

Waivers for Acute Illness Medications - Unlike the other waivers, which are usually granted for one year, a waiver of a drug used to treat an acute illness will only be applicable to that drug for that acute illness, for the duration of the illness, which is usually less than 30 days. The duration of a waiver for drug to treat an acute illness will be determined on a case by case basis.

** When the copay waiver is for non-preferred to preferred, WellDyneRx requires that you have tried and failed two preferred alternatives and that your prescriber provide proper supporting documentation.*

1. How Do You Obtain a Waiver?

The following is the Mandatory Generic/Non-Preferred Drug Waiver Process which must be followed in order for WellDyneRx to consider waiving the mandatory generic requirement or the requirement that you obtain brand name drugs.

The waiver request to WellDyneRx can only be initiated at the request of your healthcare professional by calling WellDyneRx at 1-855-799-6831 (TTY711). Your healthcare professional must submit the completed appropriate form(s) to:

- Via mail, to WellDyneRx with all relevant medical documentation to:

WellDyneRx
PO BOX 90369
Lakeland, FL 33804-0369

- Via fax to WellDyneRx at 1-866-618-6815 with all relevant documentation

Your doctor must document the reasons why use of the drug is medically necessary.

Following the submission of the appropriate form(s) and any supporting documentation, WellDyneRx will review the case and either approve or deny your waiver request. Supporting documentation includes any medical records or patient experience reported to the submitting healthcare professional. The decision will be made within three (3) business days of the request. The decision will be communicated via fax to your healthcare professional within three (3) business days of completing the review. A letter of determination will also be mailed to you.

During the above process, you may communicate with a WellDyneRx representative via telephone 1-855-799-6831, fax 1-866-618-6815, or via WellDyneRx's website, emhp.welldynrx.com.

In the event your request is denied, and all appeal levels are exhausted with WellDyneRx, you have the right to a final appeal. See "How to File an Appeal", at page 58 from the "General Information, Eligibility and Medicare" section in the EMHP Benefit Booklet for a complete explanation of the appeal process.

If you are successful in your appeal, and there is a difference between the non-preferred drug copayment and the preferred drug copayment, you may be reimbursed for the cost difference in the copayment only for the drug on the prescription that initiated the request for the waiver that was approved. You should file a claim form for direct reimbursement with WellDyneRx. You can obtain the claim form from WellDyneRx, EBU, or by downloading the form from the WellDyneRx's website, emhp.welldynrx.com or the EMHP's website, www.emhp.org. Be sure to indicate the dates the request was filed by your healthcare professional for a waiver and the date your appeal was granted as well as providing a copy of your receipt.

E. WHAT YOUR PRESCRIPTION DRUG BENEFITS COVER

Any of the following when prescribed by a health professional authorized to prescribe the medication; the medication is medically necessary and is dispensed by a licensed pharmacy.

- **Federal Legend Drugs**, unless otherwise specifically excluded herein. Drugs or medicines whose labels must bear the legend, “RX Only”.
- **State Restricted Drugs**. Drugs or medicines which can be dispensed in accordance with New York State law (or by the laws of the State or jurisdiction in which the prescription is filled) by prescription only.
- **Compounded Drugs or Medications**, subject to plan guidelines.
 - A compound drug is defined as two or more ingredients (solid, semi-solid or liquid), at least one of which is a covered drug with a valid National Drug Code (NDC) requiring a prescription for dispensing, combined together in a method specified in a prescription issued by a healthcare professional. The end result of this combination must be a prescription medication for a specific patient that is not otherwise commercially available in that form or dose/strength from a single manufacturer. At least one ingredient must be a prescription drug product with a valid NDC.
 - The prescription must identify the multiple ingredients in the compound drug product, including active ingredients(s), diluent(s), ratios or amounts of product, therapeutic use, and directions for use.
 - The act of compounding must be performed or supervised by a licensed pharmacist. Any commercially available product with a unique assigned NDC requiring reconstitution or mixing according to the FDA approved package insert prior to dispensing will not be considered a compound prescription by this Plan.
- Insulin and oral hypoglycemics, on prescription
- Gamma Globulin
- All contraceptives (other than devices and IUDs, which may be covered under the EMHP Major Medical Benefits) for which a prescription is required
- Vitamins which are Federal Legend Drugs (Adult, Children and Prenatal)
- Injectable drugs
- Needles and syringes, on prescription
- Federal Legend Smoking Cessation products

- Diabetic lancets and test strips
- Prescription drugs dispensed by on-premises pharmacies to patients in a Skilled Nursing Facility; rest home; sanitarium; extended care facility; convalescent hospital; or similar facility. If such on-premises pharmacies have a contract with WellDyneRx as a participating network pharmacy, then the pharmacy claim must be submitted through the prescription drug plan subject to the appropriate copayment and plan guidelines.

F. WHAT YOUR PRESCRIPTION DRUG BENEFITS DOES NOT COVER:

The following are excluded from coverage unless specifically listed as a benefit above:

- Non-Federal Legend Drugs.
- Medication obtained without a prescription, including over the counter medications.
- The EMHP does not cover the additional expense associated with cost of a brand name drug when a generic substitute is available.
- All contraceptive devices (may be covered under the EMHP Major Medical Benefits).
- Contraceptive jellies, ointments and foams or devices not requiring a healthcare professional's order, prescribed for any reason.
- Therapeutic devices or appliances, e.g., support garments, or other non-medical substances, regardless of their intended use are not covered under the prescription drug program. There may be coverage under the traditional major medical coverage.
- Immunization agents, biological sera (e.g., Synagis, Lymerix, Gardasil, Rhogam), blood and blood plasma, miscellaneous blood products (may be covered under the EMHP Major Medical Benefits).
- Medications furnished solely for the purpose of improving appearance rather than physical function or control of organic disease (e.g., hair stimulation drugs, Retin-A for treatment of skin aging, Botox cosmetic).
- Drugs labeled - "Caution - limited by Federal Law to investigational use", or experimental drugs, except for drugs used for the treatment of cancer as specified in Section 3221 (1) 12 of New York State Insurance Law as may be amended from time to time; Prescribed drugs approved by the U.S. Food and Drug Administration for the treatment of certain types of cancer shall not be excluded when the drug has been prescribed for another type of cancer. However, coverage shall not be provided for experimental or investigational drugs or any drug which the Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.

- Any charge for the administration of prescription legend drugs or injectable insulin.
- Any medication, legend or not, which is consumed or administered at the place where it is dispensed.
- Medication which is to be taken or administered to the individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Medication covered by state or governmental agency, or medication furnished by other drug or medical services for which no charge is made to the recipient.
- Medication for which there is no charge or legal obligation to pay in the absence of coverage.
- Medication for an injury or illness related to employment for which benefits are provided by any State or federal workers' compensation, employer's liability or occupational disease law or under Medicare or other governmental program, except Medicaid.
- Any medication which a healthcare professional or other health professional is not authorized by his or her license to prescribe.
- Any prescription refilled in excess of the number of refills specified by the healthcare professional, or any refill dispensed after one (1) year from the healthcare professional's original order (prescription).
- Medication purchased prior to the start of coverage or after coverage ends.
- Medications that are prescribed for a use that is not approved by the FDA nor for which there exists supporting clinical data for said use.
- Any medication prescribed and/or dispensed in violation of state or federal law.
- Any non-medically necessary medication.
- Intravenous drugs at mail order.
- Blood glucose monitors/kits (may be covered under the EMHP Major Medical Benefits).
- Respiratory therapy supplies (e.g., Aerochamber, Spacers, Nebulizers) (may be covered under the EMHP Major Medical Benefits).
- Peak flow meters (may be covered under the EMHP Major Medical Benefits).
- Ostomy supplies (may be covered under the EMHP Major Medical Benefits).
- Enteral Formulas and nutritional supplements (includes Modified Food Supplements, which may be covered under the EMHP Major Medical Benefits; Vitamins covered separately).

- Rho D Immune Globulin (may be covered under the EMHP Major Medical Benefits).
- Miscellaneous diagnostic agents (may be covered under the EMHP Major Medical Benefits).
- Acid-reflux combination agents.
- Counterirritants, also known as topical analgesics not determined by the FDA to be safe and effective.

G. DIRECT REIMBURSEMENT CLAIM FILING PROCEDURES

When you present your ID card at any participating pharmacy or you utilize WellDyneRx mail order pharmacy you will not have to file any claim forms.

If you use a participating pharmacy and do not present your ID card or you use a nonparticipating pharmacy, you will be required to pay the full cost of your medication. This could be substantial. However, you should then file a Direct Reimbursement claim form with WellDyneRx, but you will likely not receive full reimbursement. You will only be reimbursed up to the EMHP's contracted discounted rate for covered prescriptions less the appropriate copay (e.g., if the pharmacist's charge is more than EMHP's discounted rate, you will be reimbursed only for the EMHP's charge less the applicable copay). You will be responsible for the difference in cost between the pharmacy's reasonable and customary charges and the EMHP's contracted discount rate.

You can obtain the claim form either from WellDyneRx's website, emhp.welldynex.com or the EMHP website, www.emhp.org or by calling WellDyneRx directly at 1-855-799-6831. Your claim must be filed no later than 365 calendar days from the date you filled your prescription. All plan rules apply: for example, prior authorization, days' supply limits, quantity level limits, step therapy, etc. The address to which the form should be mailed is located on the claim form.

H. COORDINATION OF BENEFITS (COB) FOR PRESCRIPTION DRUG BENEFITS

Coordination of prescription drug benefits applies when your spouse has other prescription drug coverage.

Special COB for Prescription Drug Copayments

If your spouse has other prescription drug coverage, the rules of Coordination of Benefits apply. This means that your spouse **must** utilize his/her coverage **first** when filling his/her prescription at all times.

It also means that, when filling the prescriptions for your eligible dependent children, the birthday rule applies, i.e., the plan of the parent whose birthday's month and day fall first in a calendar year **must** process the dependent child's prescription drug claim first. See section entitled "*Coordination of Benefits*" page 53 from the "General Information, Eligibility and Medicare" section in the EMHP Benefit Booklet for a complete explanation of the plan's coordination of benefit rules.

If the copayment under your spouse's prescription drug coverage is equal to or less than the copayment under the EMHP, you will not receive any additional reimbursement through the COB process. However, if the copayment is greater than the copayment under the EMHP then you may file a claim form with WellDyneRx to receive the difference between the copayments. Computer printouts from pharmacies or direct reimbursement forms/explanations of benefits showing proof of the other plan's payment should be marked coordination of benefits and sent to the address below:

WellDyneRx
P.O. Box 90369
Lakeland, FL 33804
Attn: Claims Department