

PRESCRIPTION DRUG PROGRAM
A Supplemental Summary Plan Description

ELIGIBILITY

All persons with ILWU-PMA Welfare Plan eligibility who 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 physician, dentist, optometrist or podiatrist.

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 eligible Dependent) **start a newly prescribed** maintenance medication request **two** prescriptions 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 the member's home with a reorder form that shows the number of refills remaining.

REFILLS BY MAIL - At least two weeks before a refill is needed, the member should send OptumRx the reorder form. Refills may also be ordered by calling toll free: 1-800-797-9791 or go online to www.optumrx.com.

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

Non-network pharmacy - Members who are unable to use a network pharmacy 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. The member's 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. Members 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.

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 at a better value.

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 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 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 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
- Injectable drugs (NOTE: Coastwise Indemnity Plan offers an injectable benefit)
- Immunization agents
- 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

CLAIMS REVIEW PROCEDURE

Requests for review of a denied Prescription Drug Benefit claim should be submitted to the Benefit Plans office. 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.