

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #11
TO THE
EFFINGHAM COUNTY
EMPLOYEE BENEFIT PLAN
GROUP NO. 17760**

This Summary of Material Modification and Amendment describes changes to the Effingham County Employee Benefit Plan effective January 1, 2021. These changes are effective as of **September 1, 2026** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Effingham County Board of Commissioners (the "Plan Sponsor") is amending the Effingham County Employee Benefit Plan (the "Plan") as follows:

1. *The **Prescription Drug Schedule of Benefits – Base Plan** is hereby deleted and replaced as shown in **Exhibit A**.*
2. *The **Prescription Drug Schedule of Benefits – Buy-Up Plan** is hereby deleted and replaced as shown in **Exhibit B**.*
3. *The **Prescription Drug Schedule of Benefits – QHDHP Plan** is hereby deleted and replaced as shown in **Exhibit C**.*
4. *In the **Prescription Drug Card Program** section, the **CVS True Accumulation Program** and **PrudentRx Solution for Specialty Drugs** subsections are hereby added. In addition, the **Mandatory Specialty Pharmacy Program** subsection is hereby deleted and replaced as follows:*

PRESCRIPTION DRUG CARD PROGRAM

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out-of-pocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

PrudentRx Solution for Specialty Drugs (Effective September 1, 2026)

In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Please refer to the Prescription Drug Schedule of Benefits for a complete description of this program.

Specialty Pharmacy Network

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained from the specialty pharmacy network. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

In Witness Whereof, Effingham County Board of Commissioners has caused this Amendment to take effect, be attached to, and form a part of their Employee Benefit Plan.

Title

Title

EXHIBIT A

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – BASE PLAN

BENEFIT DESCRIPTION	BENEFIT
NOTE: The Covered Person will be reimbursed the amount that would have been paid to a Participating Provider less the applicable Copay if Prescription Drugs are obtained from a Non-Participating Provider.	
CALENDAR YEAR DEDUCTIBLE	
Single	\$200
Family	\$400
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Copays – combined with major medical Out-of-Pocket)	
Single	\$7,350
Family	\$14,700
Retail Pharmacy: 30-day supply	
Generic Drug	\$10 Copay, Deductible waived
Preferred Drug	Deductible, then \$45 Copay
Non-Preferred Drug	Deductible, then \$85 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Specialty Pharmacy Network: 30-day supply	Effective September 1, 2026
Specialty Drug	
Specialty Drugs Not Available Through PrudentRx Solution	Deductible, then 20% Copay, not to exceed \$300
Enrolled and Available with PrudentRx Solution	\$0 Copay, Deductible waived
Not Enrolled and Available with PrudentRx Solution	30% Copay, Deductible waived
NOTE: Specialty Drugs MUST be obtained from the specialty pharmacy network. Refer to the Prescription Drug Card Program Administrator for full details.	
NOTE: PrudentRx Solution assists individuals by helping them enroll in manufacturer copay assistance programs. Medications in the specialty tier will be subject to a 30% Copay if those drugs are available through the program and you do not enroll. However, enrolled individuals who get a copay card for their Specialty Drug (if applicable), will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution program. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution program.	
Retail Pharmacy: 60-day supply	
Generic Drug	\$20 Copay, Deductible waived
Preferred Drug	Deductible, then \$90 Copay
Non-Preferred Drug	Deductible, then \$170 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Retail Pharmacy: 90-day supply	
Generic Drug	\$30 Copay, Deductible waived
Preferred Drug	Deductible, then \$135 Copay
Non-Preferred Drug	Deductible, then \$255 Copay

Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Mail Order Pharmacy: 90-day supply	
Generic Drug	\$10 Copay, Deductible waived
Preferred Drug	Deductible, then \$90 Copay
Non-Preferred Drug	Deductible, then \$255 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy.) The utilization of step therapy will not be required for the treatment of stage IV advanced metastatic cancer.

Dispense as Written

The Plan requires pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written" (DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out-of-pocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

PrudentRx Solution for Specialty Drugs (Effective September 1, 2026)

In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% Copay. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their Specialty Drugs, the member will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications - in particular, Specialty Drugs. The PrudentRx Solution will assist members in obtaining copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby reducing Out-of-Pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with HIPAA.

If you currently take one or more Specialty Drugs included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about the PrudentRx Solution as it pertains to your medication. All eligible members must call PrudentRx at (800) 578-4403 to register for any manufacturer copay assistance program available for your Specialty Drug as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will make outreach to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx Solution, you must call (800) 578-4403. Eligible members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx Solution will be responsible for the full amount of the 30% Copay on Specialty Drugs that are eligible for the PrudentRx Solution.

If you or a covered family member are not currently taking but will start a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Solution. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

The PrudentRx Program Drug List may be updated periodically.

Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under the PrudentRx Solution will not count toward your Plan Deductible or Out-of-Pocket Maximum (if applicable), unless otherwise required by law. Also, payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your Deductible or Out-of-Pocket Maximum (if any), unless otherwise required by law. A list of Specialty Drugs that are not considered to be "essential health benefits" under the Affordable Care Act is available. An exception process is available for determining whether a medication that is not an "essential health benefit" under the Affordable Care Act is Medically Necessary for a particular individual.

PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

Specialty Pharmacy Network

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained from the specialty pharmacy network. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

Rx Smart Savings Program

The Rx Smart Savings Program works with the Plan, your Physician, and pharmacies to improve your quality of care and identify possible savings in your Prescription Drug coverage. From time to time, you may be contacted by a program representative who will speak with you about possible alternatives to your current prescribed drugs. The decision to switch to a different prescribed drug is up to you and your Physician.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits>

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.

EXHIBIT B

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – BUY-UP PLAN

BENEFIT DESCRIPTION	BENEFIT
NOTE: The Covered Person will be reimbursed the amount that would have been paid to a Participating Provider less the applicable Copay if Prescription Drugs are obtained from a Non-Participating Provider.	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Copays – combined with major medical Out-of-Pocket)	
Single	\$5,000
Family	\$10,000
Retail Pharmacy: 30-day supply	
Generic Drug	\$10 Copay
Preferred Drug	\$45 Copay
Non-Preferred Drug	\$85 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Specialty Pharmacy Network: 30-day supply	Effective September 1, 2026
Specialty Drug	
Specialty Drugs Not Available Through PrudentRx Solution	20% Copay, not to exceed \$300
Enrolled and Available with PrudentRx Solution	\$0 Copay
Not Enrolled and Available with PrudentRx Solution	30% Copay
NOTE: Specialty Drugs MUST be obtained from the specialty pharmacy network. Refer to the Prescription Drug Card Program Administrator for full details.	
NOTE: PrudentRx Solution assists individuals by helping them enroll in manufacturer copay assistance programs. Medications in the specialty tier will be subject to a 30% Copay if those drugs are available through the program and you do not enroll. However, enrolled individuals who get a copay card for their Specialty Drug (if applicable), will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution program. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution program.	
Retail Pharmacy: 60-day supply	
Generic Drug	\$20 Copay
Preferred Drug	\$90 Copay
Non-Preferred Drug	\$170 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Retail Pharmacy: 90-day supply	
Generic Drug	\$30 Copay
Preferred Drug	\$135 Copay
Non-Preferred Drug	\$255 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Mail Order Pharmacy: 90-day supply	
Generic Drug	\$10 Copay

Preferred Drug	\$90 Copay
Non-Preferred Drug	\$255 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy.) The utilization of step therapy will not be required for the treatment of stage IV advanced metastatic cancer.

Dispense as Written

The Plan requires pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written" (DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out of-pocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

PrudentRx Solution for Specialty Drugs (Effective September 1, 2026)

In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% Copay. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their Specialty Drugs, the member will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications - in particular, Specialty Drugs. The PrudentRx Solution will assist members in obtaining copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby reducing Out-of-Pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with HIPAA.

If you currently take one or more Specialty Drugs included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about the PrudentRx Solution as it pertains to your medication. All eligible members must call PrudentRx at (800) 578-4403 to register for any manufacturer copay assistance program available for your Specialty Drug as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will make outreach to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx Solution, you must call (800) 578-4403. Eligible members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx Solution will be responsible for the full amount of the 30% Copay on Specialty Drugs that are eligible for the PrudentRx Solution.

If you or a covered family member are not currently taking but will start a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Solution. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

The PrudentRx Program Drug List may be updated periodically.

Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under the PrudentRx Solution will not count toward your Plan Deductible or Out-of-Pocket Maximum (if applicable), unless otherwise required by law. Also, payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your Deductible or Out-of-Pocket Maximum (if any), unless otherwise required by law. A list of Specialty Drugs that are not considered to be "essential health benefits" under the Affordable Care Act is available. An exception process is available for determining whether a medication that is not an "essential health benefit" under the Affordable Care Act is Medically Necessary for a particular individual.

PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

Specialty Pharmacy Network

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained from the specialty pharmacy network. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

Rx Smart Savings Program

The Rx Smart Savings Program works with the Plan, your Physician, and pharmacies to improve your quality of care and identify possible savings in your Prescription Drug coverage. From time to time, you may be contacted by a program representative who will speak with you about possible alternatives to your current prescribed drugs. The decision to switch to a different prescribed drug is up to you and your Physician.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits>

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.

EXHIBIT C

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – QHDHP PLAN

BENEFIT DESCRIPTION	BENEFIT
NOTE: The Covered Person will be reimbursed the amount that would have been paid to a Participating Provider less the applicable Copay if Prescription Drugs are obtained from a Non-Participating Provider.	
CALENDAR YEAR DEDUCTIBLE (combined with major medical Deductible)	
Single	\$3,000
Family	\$6,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Copays – combined with major medical Out-of-Pocket)	
Single	\$5,000
Family	\$10,000
Retail Pharmacy: 30-day supply	
Generic Drug	Deductible, then \$10 Copay
Preferred Drug	Deductible, then \$45 Copay
Non-Preferred Drug	Deductible, then \$85 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Specialty Pharmacy Network: 30-day supply	Effective September 1, 2026
Specialty Drug	
Specialty Drugs Not Available Through PrudentRx Solution	20% after Deductible
Enrolled and Available with PrudentRx Solution	Deductible, then \$0 Copay
Not Enrolled and Available with PrudentRx Solution	Deductible, then 30% Copay
NOTE: Specialty Drugs MUST be obtained from the specialty pharmacy network. Refer to the Prescription Drug Card Program Administrator for full details.	
NOTE: PrudentRx Solution assists individuals by helping them enroll in manufacturer copay assistance programs. Medications in the specialty tier will be subject to a 30% Copay if those drugs are available through the program and you do not enroll. However, enrolled individuals who get a copay card for their Specialty Drug (if applicable), will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution program. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution program.	
Retail Pharmacy: 60-day supply	
Generic Drug	Deductible, then \$20 Copay
Preferred Drug	Deductible, then \$90 Copay
Non-Preferred Drug	Deductible, then \$170 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Retail Pharmacy: 90-day supply	
Generic Drug	Deductible, then \$30 Copay
Preferred Drug	Deductible, then \$135 Copay
Non-Preferred Drug	Deductible, then \$255 Copay

Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Mail Order Pharmacy: 90-day supply	
Generic Drug	Deductible, then \$20 Copay
Preferred Drug	Deductible, then \$90 Copay
Non-Preferred Drug	Deductible, then \$170 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy.) The utilization of step therapy will not be required for the treatment of stage IV advanced metastatic cancer.

Dispense as Written

The Plan requires pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written" (DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out-of-pocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

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In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% Copay, after satisfaction of any applicable Deductible. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their Specialty Drugs, your Out-of-Pocket responsibility is reduced. For drugs listed on the Plan's Preventive Drug List, the member will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution; and (b) for all other drugs, the member will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution after the member's Deductible has been satisfied.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications - in particular, Specialty Drugs. The PrudentRx Solution will assist members in obtaining copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby reducing Out-of-Pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with HIPAA.

If you currently take one or more Specialty Drugs included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about the PrudentRx Solution as it pertains to your medication. All eligible members must call PrudentRx at (800) 578-4403 to register for any manufacturer copay assistance program available for your Specialty Drug as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will make outreach to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx Solution, you must call (800) 578-4403. Eligible members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx Solution will be responsible for the full amount of the 30% Copay on Specialty Drugs that are eligible for the PrudentRx Solution.

If you or a covered family member are not currently taking but will start a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Solution. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

The PrudentRx Program Drug List may be updated periodically.

Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under the PrudentRx Solution will not count toward your Plan Deductible or Out-of-Pocket Maximum (if applicable), unless otherwise required by law. Also, payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your Out-of-Pocket maximum (if any), unless otherwise required by law. A list of Specialty Drugs that are not considered to be "essential health benefits" under the Affordable Care Act is available. An exception process is available for determining whether a medication that is not an "essential health benefit" under the Affordable Care Act is Medically Necessary for a particular individual.

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Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

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The Rx Smart Savings Program works with the Plan, your Physician, and pharmacies to improve your quality of care and identify possible savings in your Prescription Drug coverage. From time to time, you may be contacted by a program representative who will speak with you about possible alternatives to your current prescribed drugs. The decision to switch to a different prescribed drug is up to you and your Physician.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits>

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.