

The Stepping Stones Group Prescription Drug Plan Appendix

Your prescription drug benefit is administered by CVS Caremark, referred to herein as the Prescription Drug Plan. The prescription drug benefit is designed to bring you quality pharmacy care that will help you save money. All Cigna medical plan participants are automatically enrolled in the Prescription Drug Program. There is no need to enroll for these benefits.

The information below is a brief summary of your prescription drug benefits and explanation of common terms.

What this section includes:

- Benefits available for Prescription Drugs
- How to utilize the retail and mail order service for obtaining Prescription Drugs
- Any benefit limitations and exclusions that exist for Prescription Drugs
- The claim and appeal procedures for your Prescription Drug claims

Prescription Drug Coverage Highlights

The following provides an overview of the Prescription Drug Plan coverage. For detailed descriptions of your benefits, please carefully review this "Summary of Plan Benefits" section.

Summary of Plan Benefits

Cost Sharing and Supply

You are responsible for paying any amounts due to the pharmacy at the time you receive your prescription drugs.

Base Plan Prescription Drug Coinsurance

The Deductible and Out of Pocket Maximum for the Prescription Drug Plan is combined with the Medical plan. There is no separate deductible that must be satisfied for prescription drugs. If you are enrolled in the Base medical plan your combined Medical/Pharmacy annual Deductible \$5,000 (individual) / \$10,000 (family) for in-network services and \$12,000 (individual) / \$24,000 (family) for out-of-network services. The combined Out of Pocket Maximum is \$6,550 (individual) / \$13,100 (family) for in-network services and \$20,000 (individual) / \$40,000 (family) for out of network services. The Prescription Drug Plan does not provide coverage for prescription drugs obtained outside of the CVS Caremark network.

Retail Order Prescription Drug Option (30-day supply)

Generic Prescription Copay	0% after deductible
Brand Prescription Copay	0% after deductible
Non-Formulary Brand Prescription Copay	0 % after deductible

Mail Order Prescription Drug Option (90-day supply)

Generic Prescription Copay	0% after deductible
Brand Prescription Copay	0% after deductible
Non-Formulary Brand Prescription Copay	0% after deductible

Retail 90-day Prescription Drug Option

Generic Prescription Copay	0% after deductible
Brand Prescription Copay	0% after deductible
Non-Formulary Brand Prescription Copay	0% after deductible

Mid Plan Prescription Drug Copays

The Deductible and Out of Pocket Maximum for the Prescription Drug Plan is combined with the Medical plan. There is no separate deductible that must be satisfied for prescription drugs. If you are enrolled in the Mid medical plan your combined Medical/Pharmacy annual Deductible \$5,000 (individual) / \$10,000 (family) for in-network services and \$12,000 (individual) / \$24,000 (family) for out-of-network services. The combined Out of Pocket Maximum is \$6,850 (individual) / \$13,700 (family) for in-network services and \$20,500 (individuals) / \$41,000 (family) for out of network services. The Prescription Drug Plan does not provide coverage for prescription drugs obtained outside of the CVS Caremark network.

Retail Order Prescription Drug Option (30-day supply)

Generic Prescription Copay	\$15
Brand Prescription Copay	\$35
Non-Formulary Brand Prescription Copay	\$60

Mail Order Prescription Drug Option (90-day supply)

Generic Prescription Copay	\$37.50
Brand Prescription Copay	\$87.50
Non-Formulary Brand Prescription Copay	\$150

Retail 90-day Prescription Drug Option

Generic Prescription Copay	\$45
Brand Prescription Copay	\$105
Non-Formulary Brand Prescription Copay	\$180

Choice Plan Prescription Drug Copays

The Deductible and Out of Pocket Maximum for the Prescription Drug Plan is combined with the Medical plan. There is no separate deductible that must be satisfied for prescription drugs. If you are enrolled in the Choice medical plan your combined Medical/Pharmacy annual Deductible is \$2,250 (individual) / \$5,000 (family) for in-network services and \$7,000 (individual) / \$21,000 (family) for out-of-network services. The combined Out of Pocket Maximum is \$6,600 (individual) / \$13,200 (family) for in-network services and \$20,000 (individual) / \$40,000 (family) for out of network services. The Prescription Drug Plan does not provide coverage for prescription drugs obtained outside of the CVS Caremark network.

Retail Order Prescription Drug Option (30-day supply)

Generic Prescription Copay	\$15
Brand Prescription Copay	\$35
Non-Formulary Brand Prescription Copay	\$60

Mail Order Prescription Drug Option (90-day supply)

Generic Prescription Copay	\$37.50
Brand Prescription Copay	\$87.50
Non-Formulary Brand Prescription Copay	\$150

Retail 90-day Prescription Drug Option

Generic Prescription Copay	\$45
Brand Prescription Copay	\$105
Non-Formulary Brand Prescription Copay	\$180

Vaccine Coverage

The Prescription Drug Plan provides coverage for the administration of both seasonal and non-seasonal vaccinations at participating retail pharmacies nationwide. Seasonal vaccines can only be administered once the vaccine has been released to the marketplace by the manufacturer.

The Prescription Drug Plan provides 100% coverage for all available Seasonal Vaccinations including:

- Standard Influenza
- Cell Culture-Based Influenza
- Intranasal Influenza
- Recombinant Influenza
- Adjuvanted Influenza
- High Dose Influenza
- COVID-19

The Prescription Drug Plan also provides 100% coverage for the following Non-Seasonal Vaccinations:

- Adults (age 19 and older)
 - Tetanus, Diphtheria Toxoids
 - Hepatitis A & B
 - Dengue
 - Shingrix
- Children (birth to age 18)

- Haemophilus B
- Haemophilus B, Hepatitis B
- Meningococcal, Haemophilus B, Tetanus
- Inactivated Poliovirus
- Rotavirus
- Measles, Mumps, Rubella, Varicella
- Diphtheria, Tetanus
- Diphtheria, Tetanus, Pertussis
- Diphtheria, Tetanus, Pertussis, Haemophilus B
- Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus
- Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Haemophilus B
- Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Hepatitis B
- Adults and Children
 - Pneumonia
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Varicella
 - Measles, Mumps, Rubella
 - Meningococcal
 - Tetanus
 - Tetanus, Diphtheria, Pertussis

A member may fill a prescription for a travel vaccine (e.g. Typhoid, Yellow Fever, Rabies, Anthrax, and Japanese Encephalitis) at a CVS Network pharmacy but the administration of these vaccines is not covered under the Prescription Drug Plan.

Refill requirements / Overrides

The Prescription Drug Plan requires that 75% of the Day Supply (80% for controlled substances) must be used before the system will allow for a refill. If you are going on vacation, have a change in dose, or your prescription was lost, damaged, or stolen you may be eligible for an override – call Customer Care at 833-843-0558 for more information.

Covered Drugs

The Prescription Drug Plan covers a list of commonly prescribed medications that have been selected for their clinical effectiveness, safety, and cost—sometimes referred to as a Formulary. By asking your doctor to prescribe Formulary medications, you can help control healthcare costs while maintaining high quality care. The Plan's Formulary is updated periodically and subject to change, including but not limited to additional exclusions of drugs, additional restrictions on covered drugs, and replacement of covered brand drugs with generic drugs.

Certain drugs are excluded from the Plan's Formulary and are not covered under the Plan unless approved in advance through an exception process managed by CVS Caremark on the basis that the drug requested is (1) medically necessary and essential to the your health and safety and/or (2) all covered drugs comparable to the excluded drug have been tried. If approved through this process, the applicable cost share would apply. If your Physician believes that an excluded drug meets the requirements described above, the Physician should take the necessary steps to initiate a Formulary

exception review. Absent such approval, members selecting drugs excluded from the Plan will be required to pay the full cost of the drug without any reimbursement under the Plan.

The most current list of commonly covered drugs is available at www.caremark.com or 833-843-0558.

Brand Name Medication When a Generic is Available

If you state that you prefer the brand dispensed when a generic alternative exists, you will be charged the brand cost plus the difference in the cost between the brand and the generic. The difference in cost between the brand and generic will not apply to deductible or out of pocket maximums.

Pharmacy Information

Network Retail Pharmacy

CVS Caremark has a nationwide network of retail pharmacies and a Home Delivery Pharmacy.

Once you enroll for medical coverage you will receive a combined Identification (ID) card. To receive prescription drug benefits, you must present your identification card and fill your medication at a Network retail pharmacy. The Prescription Drug Plan will not cover out-of-network pharmacy benefits.

To fill a retail prescription, present your written Prescription Order from your physician and your ID card to the pharmacist at a Network pharmacy. The pharmacy will file your claim for you. You will be charged at the point of purchase for applicable cost share. If you do not present your ID card, you will have to pay the full retail price of the prescription. You may submit a paper claim for reimbursement. Contact 833-843-0558 for information or visit www.caremark.com for a paper claim form.

To find the participating pharmacy nearest you contact Customer Care at 833-843-0558 or visit www.caremark.com to use the interactive pharmacy locator online.

Mail Order / 90-day retail

To order new prescriptions through the CVS Caremark Mail Service Pharmacy, ask your doctor to write a prescription for up to a 90-day supply of your medication and refills for up to one year. Then do one of the following:

- Contact Customer Care at 833-843-0558 and have them reach out to your doctor on your behalf;
or
- Have your doctor submit your prescription directly to the CVS Caremark Mail Service Pharmacy;
or
- Complete a mail service order form and mail it in with your prescription and payment. You can download and print an order form by visiting CVS Caremark at www.caremark.com/mailservice;
or
- Submit the prescription through the CVS mobile app or online to the Home Delivery Pharmacy

To order additional refills through the CVS Caremark Mail Service Pharmacy program:

- To order refills by phone, call 833-843-0558
- To order refills online, visit www.caremark.com/mailservice
- To order refill by mail, send your refill request form (available at caremark.com) to the address listed on the order form

Up to a 90-day supply of maintenance medication may also be filled at any of the Retail 90 network pharmacies. To find a retail 90 pharmacy, visit www.caremark.com.

Specialty Medications / PrudentRx

The Prescription Drug Plan requires that specialty medication be filled through CVS Specialty, your exclusive specialty pharmacy. CVS Specialty offers delivery by mail to your home, office, or other location of choice or you can pick up your prescription at any CVS Pharmacy.

CVS Specialty also provides you with access to therapy management teams of nurses, pharmacists, and support coordinators who work together to provide education on drug therapy and side effects, and encourage you to adhere to your regime. For more information call a CVS Specialty representative at 1-800-237-2767.

To order new prescriptions through CVS Specialty, follow these easy steps:

- Have your doctor submit your prescription directly to the CVS Caremark Mail Service Pharmacy; or
- Complete a mail service order form and mail it in with your prescription and payment. You can download and print an order form by visiting CVS Caremark at caremark.com

To order additional refills through the CVS Caremark Specialty Pharmacy:

- To order refills by phone, call 1-800-237-2767
- To order refills online, visit cvsspecialty.com

Specialty Medications PrudentRx

In order to provide a comprehensive and cost-effective prescription drug program for you and your family, The Stepping Stones Group has contracted to offer the PrudentRx Solution for certain specialty medications on the Choice and Mid Plan (those enrolled in the Base plan are not eligible). 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% co-insurance, 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 medication, 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 medications. 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 medications 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 1-800-578-4403 to register for any manufacturer copay assistance program available for your specialty medication 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 1-800-578-4403. 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% co-insurance on specialty medications 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 1-800-578-4403 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 any), 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 medications 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 1-800-578-4403 to address any questions regarding the PrudentRx Solution.

Grace Fills

A grace fill is where a plan participant initially fills a specialty drug or maintenance medication prescription at a non-Network pharmacy and then later transitions to a Network pharmacy. The Prescription Drug Plan does not allow for grace fills for specialty drugs. All prescriptions for specialty drugs must be filled through the CVS specialty pharmacy. Specialty drug prescription fills through any other pharmacy will not be covered.

Clinical Management and Prior Authorization

The covered Prescription Drug list (also known as the Formulary) and applicable clinical management programs are subject to periodic review and amendment. Inclusion of a drug or related item on the covered Prescription Drug list is not a guarantee of coverage.

Dispensing Limits

Quantity Limits establish a maximum quantity allowed over a period of time for medications with potential for overuse and misuse. At the time you fill a prescription, the Network pharmacist is informed of the Quantity Limit requirements through the pharmacy's computer system. Or you may contact Customer Care at 833-843-0558 to determine if your drug has quantity limits.

Medications Requiring Prior Approval

Prior Authorization may be required for certain prescription drugs (or the prescribed quantity of a particular Drug). Prior Authorization helps promote appropriate utilization and enforcement of guidelines for prescription drug benefit coverage. At the time you fill a prescription, the Network pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system. CVS Caremark uses pre-approved criteria. CVS Caremark may contact your Provider if additional information

is required to determine whether Prior Authorization should be granted. CVS Caremark communicates the results of the decision to both you and your Provider.

If Prior Authorization is denied, you have the right to appeal. The provider, pharmacist or member may initiate an appeal by calling the phone number listed on the denial communication.

For a list of the current Drugs requiring Prior Authorization, please contact Customer Care at 833-843-0558.

Step Therapy

Certain classes of drugs may require you to try a certain drug before a Non-Preferred drug is covered by the plan. At the time you fill a prescription, the Network pharmacist is informed of any Step Therapy requirements through the pharmacy's computer system. Contact Customer Care at 833-843-0558 for additional information on the step therapy process and for a list of drugs subject to step therapy.

Member Services

If you have questions, you may call Customer Care at 833-843-0558. They are available 24 hours a week.

Pharmacy Benefit Exclusions

The prescription drug exclusions are in addition to the exclusions listed under your medical coverage. The Prescription Drug Plan does not cover the following expenses:

- Therapeutic devices or appliances, including hypodermic needles, support garments, ostomy supplies, durable medical equipment, and non-medical substances regardless of intended use.
- Any over-the-counter medicine, unless specified otherwise.
- Any nutritional supplements, unless specified otherwise.
- Blood serum (i.e., albumin, plasma)
- Experimental medicines do not have NDC numbers and therefore, are not covered.
- Select Medical Devices and Artificial Saliva products
- Scar Products under the following GPIs
 - GPI 4 9093***** *Scar Treatment Products**
 - GPI-8 90970070***** *Silicone
 - GPI-6 973070***** *Scar Treatments***
 - GPI-10 9094990250**** *Silicone-Vitamin E
- Miscellaneous Formulations (part of Core Compound Strategy): Topical Analgesics*, Convenience Multi-product Kits**, Scar Products under the following GPIs, Otic Analgesics and Combinations etc
*Topical Analgesics (may include but is not limited to: patches, lotions, creams, ointments, gels, sprays, solutions) containing ingredients (alone or in combination) in strengths typically used in OTC analgesics for temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. **Convenience kits containing 2 or more products to be used separately- may consist of an OTC (e.g., herbal/supplement/topical product).
- Unapproved Drug Management Strategy- Exclusion of all new to market unapproved products and certain existing unapproved products that may be marketed contrary to the Federal Food, Drug and Cosmetic Act. Coverage will remain for select unapproved products that are legally marketed or deemed clinically necessary (e.g., because no alternatives exist). Please note: products may be deemed legally marketed based on information reported by the manufacturer to the Centers for Medicare and Medicaid Services (CMS) and utilized by CMS in making a determination of coverage under the Medicaid program.
- Drugs covered under Medical Benefits (i.e. Spinraza, Brineura)

- Drugs generally not suitable for coverage under a pharmacy/outpatient prescription drug benefit, as determined by Caremark from time to time (e.g., Spinraza, Brineura, CAR-T therapy). A drug which must be infused into a space other than the blood will generally be excluded from the prescription drug benefit. Exceptions may be made for certain drugs, as otherwise noted in this document.
- Prescription digital therapeutics, unless otherwise specified. Prescription digital therapeutics are software programs or applications intended to prevent, manage, or treat a medical disorder or disease. A prescription is required to access these tools. In the event that a PDT will be covered, Plan will receive advance notice and have the opportunity to opt out.
- Administration or injection of any drug.
- Any charges in excess of the benefit, dollar, day, or supply limits stated in this SPD.
- Injectable allergy sera and extracts.
- Any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this SPD, or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.
- Any drugs or medications, services and supplies that are not medically necessary, as determined by CVS Caremark, for the diagnosis, care or treatment of the illness or injury involved. This applies even if they are prescribed, recommended or approved by your physician or dentist.
- Contraception: Over-the-Counter contraceptive supplies including but not limited to: condoms, contraceptive foams, jellies and ointments; and Services associated with the prescribing, monitoring and/or administration of contraceptives.
- Cosmetic drugs, medications or preparations used for cosmetic purposes or to promote hair growth, including but not limited to health and beauty aids, chemical peels, dermabrasion, treatments, bleaching, creams, ointments or other treatments of supplies, to remove tattoos, scars or to alter the appearance or texture of the skin.
- Drugs provided by, or while the person is an inpatient in, any healthcare facility; or for any drugs provided on an outpatient basis in any such institution to the extent benefits are payable for it.
- Drugs used primarily for the treatment of infertility, or for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures.
- Drugs used for the purpose of weight gain or reduction, including but not limited to stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications.
- Therapeutic devices or appliances, including hypodermic needles, support garments, ostomy supplies, durable medical equipment, and nonmedical substances regardless of intended use.
- Experimental or investigational drugs or devices. This exclusion will not apply with respect to the following: Drugs that have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; and CVS/Caremark determines, based on available scientific evidence, are effective or show promise of being effective for the illness.
- Food items: any food item, including infant formulas, nutritional supplements, vitamins, including prescription vitamins, medical foods and other nutritional items, even if it is the sole source of nutrition.
- Genetics: Any treatment, device, drug, or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.
- Injectables: Any charges for the administration or injection of prescription drugs or injectable insulin and other injectable drugs covered by CVS/Caremark; Injectable agents, except insulin; Needles and syringes, except for diabetic needles and syringes; Injectable drugs if an alternative oral drug is available; For any refill of a designated self-injectable drug not dispensed by or obtained through the specialty pharmacy network.
- Insulin pumps with tubing or other ancillary equipment and supplies for insulin pumps.

- Prescription order filled prior to the effective date or after the termination date of coverage under this SPD.
- Prophylactic drugs for travel.
- Refills in excess of the amount specified by the prescription order. Before recognizing charges, CVS/Caremark may require a new prescription or evidence as to need, if a prescription or refill appears excessive under accepted medical practice standards.
- Refills dispensed more than one year from the date the latest prescription order was written, or as otherwise permitted by applicable law of the jurisdiction in which the drug is dispensed.
- Drugs, services and supplies provided in connection with treatment of an occupational injury or occupational illness.
- Strength and performance: Drugs or preparations, devices and supplies to enhance strength, physical condition, endurance or physical performance, including performance enhancing steroids.
- Test agents except diabetic test agents.

Appeals

How to Appeal a Denied Claim

If you wish to appeal a denied pre-service request for benefits, post-service claim or a rescission of coverage as described below, you or your authorized representative must submit your appeal in writing within 180 days of receiving the adverse benefit determination. You do not need to submit Urgent Care appeals in writing. This communication should include:

- A clear statement the communication is intended to appeal an Adverse Benefit Determination or Adverse Coverage Determination;
- Name of the person for whom the appeal is being filed. The member or the prescriber may file an appeal. The member may also have a relative, friend, advocate, or anyone else (including an attorney) act on their behalf as their authorized representative;
- CVS Caremark identification number;
- A statement of the issue(s) being appealed;
- Drug name(s) being requested; and
- Comments, documents, records, relevant clinical information or other information relating to the Claim

You or your authorized representative may send a written request for an appeal to:

CVS/caremark Appeals Department Mail Code 109
PO Box 52084
Phoenix, AZ 85072-2084

Fax # 866-689-3092

For Urgent Care requests for benefits that have been denied, you or your provider can call CVS/caremark at the toll-free number on your Prescription Drug Card to request an appeal.