

CUSTOMER SERVICE / QUESTIONS

Express Scripts Patient Care Contact Center representatives are able to assist you with various aspects of your prescription program. This includes inquiries on pharmacies, covered drugs, copayments and status of mail service prescriptions.

Express Scripts Customer Service
1-888-806-4969

Open 24 hours per day, 7 days per week

WEB SITE

You may obtain information on Express Scripts through our web site. Features include a pharmacy locator, a mail service online refill option and a medical library.

The web site address is:

www.Express-Scripts.com

APPEALS

Prescription Appeals must be mailed to:

Express Scripts, Inc.
Attn: Pharmacy Appeals
6625 West 78th Street, Mail Route BL0390
Bloomington, MN 55439

Specialty Drugs 30% Coinsurance
(after deductible)

In-Network Deductible:
\$5,900 Individual - \$11,800 Family

Out of Network Deductible:
\$11,800 Individual - \$23,600 Family



EXPRESS SCRIPTS®

**PRESCRIPTION DRUG
PROGRAM**

PREPARED FOR

**RIVERSIDE
EMPLOYER/EMPLOYEE
PARTNERSHIP
FOR BENEFITS
(REEP)**

\$19 / \$50 / \$75
Minimum Value Plan

REEP provides a Prescription Drug Plan as part of the medical benefit. This plan is administered by Express Scripts and consists of both a retail card program and a mail service program.

The following guidelines provide general information on the program.

This plan arranged by

KEENAN & ASSOCIATES

Riverside, California 92505

Administered by



EXPRESS SCRIPTS®

RETAIL PRESCRIPTION PROGRAM

The Express Scripts Retail Prescription Program allows you to go to an Express Scripts participating pharmacy to have short-term prescriptions filled.

- Simply present your Express Scripts ID card along with your prescription to a participating pharmacy.
- Through the Express Scripts system, the pharmacist will electronically verify eligibility, early refills, drug-to-drug interactions and duplicate therapies.
- If you go to a participating network pharmacy, you will pay only your copayment amount and there are no claim forms to complete.

<i>Express Scripts</i>	
PARTICIPATING NETWORK PHARMACIES	
Days Supply	Up to a 30 day supply
Generic Copay	\$19.00
Preferred Brand Copay	\$50.00
Non-Preferred Brand Copay	\$75.00

Express Scripts currently has over 50,000 pharmacies throughout the U.S. in our national pharmacy network. **All major chain pharmacies are included as well as many independent pharmacies.** If you have questions on participating pharmacies in your area, you can access our pharmacy locator through the Express Scripts web site at www.Express-Scripts.com.

You may also call Express Scripts Member Services at 1-888-806-4969 for assistance in locating a pharmacy.

Non-Participating Pharmacies

If you choose to go to a pharmacy that is not in the network, you must pay for the prescription in full and file a claim with Express Scripts for reimbursement. You will still be responsible for the copayments as outlined above and are reimbursed only 50% (reasonable & customary) of the total cost of the prescription.

MAIL SERVICE PRESCRIPTION PROGRAM

The Express Scripts Mail Service Prescription Program is a convenient and cost-effective way to obtain your maintenance medications through the mail. Maintenance drugs are those drugs taken for an ongoing or chronic condition such as high blood pressure, heart disease or thyroid condition.

- Simply complete a mail service profile/order form. Enclose your written prescriptions along with your co-payment (if applicable) in the envelope provided. You may pay by check or charge your payment to a major credit card.
- Please allow up to 14 days from the date that you mailed your prescription until you receive your order.
- It is advisable for first time users of the mail order pharmacy to have at least a 30-day supply of medication on hand when a request is placed with Express Scripts Mail Service Pharmacy.
- Orders are shipped in tamper-proof packaging by first class mail and are delivered by your normal carrier, unless the drug requires special handling such as refrigeration.

<i>Express Scripts</i>	
MAIL SERVICE PHARMACY	
Days Supply	Up to a 90 day supply
Generic Copay	\$38.00
Preferred Brand Copay	\$100.00
Non-Preferred Brand Copay	\$150.00

GENERAL EXCLUSIONS AND LIMITATIONS

Prescription drug program benefits are not provided for or in conjunction with the following:

- Immunizing agents, biological sera, blood products or blood plasma.
- Hypodermic syringes and/or needles, except when dispensed for use with insulin.
- Contraceptive devices prescribed for birth control. Drugs and medications used to induce nonspontaneous abortions.
- Drugs and medications dispensed by or administered in an outpatient setting, including, but not limited to, outpatient hospital facilities and doctors' offices.
- Drugs and medications dispensed by or while the member is confined in a hospital or skilled nursing facility, rest home, sanitarium, convalescent hospital or similar facility.
- Professional charges in connections with administering, injecting or dispensing of drugs.
- A non-prescription patent or proprietary medicine, or medication not requiring a prescription, except insulin.
- Durable medical equipment, devices, appliances and supplies, even if prescribed by a physician (refer to medical plan benefits).
- Services or supplies for which the member is not charged.
- Oxygen.
- Cosmetics, dietary supplements and health or beauty aids.
- Any drug not approved for general use by the state of California Department of Health or the Federal Food and Drug Administration.
- Any drug used for investigational purposes or labeled "Caution, Limited by Federal Law to Investigational Use."
- Any drug or medication prescribed for experimental indications (e.g., progesterone suppositories).
- Non-medicinal substances or items
- Smoking Cessation products that require a prescription are covered. Smoking Cessation products that can be obtained without a prescription (i.e. over the counter), are not covered.
- Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles, Rogaine for hair growth, Steroids for body building).
- Drugs used primarily for the purpose of treating infertility (including but not limited to Clomid, Pergonal and Metrodin).
- Anorexiant (e.g., diet pills and appetite suppressants).
- Drugs obtained outside the United States.
- Allergy desensitization products or allergy serum (refer to medical plan benefits)