

Southeast Texas Government Employee Benefits Pool

Prescription Drug Benefit

All defined terms used in this Prescription Drug Benefit section have the same meaning given to them in the Definitions section of this *Summary Plan Description*, unless otherwise specifically defined below.

DEFINITIONS

The following definitions are used in this Prescription Drug Benefit section:

Brand name medication means a drug, medicine or medication that is manufactured and distributed by only one pharmaceutical manufacturer, or any drug product that has been designated as brand name by an industry-recognized source used by Express Scripts, Inc.

Copay or co-share (*prescription drug*) means the amount to be paid by *you* toward the cost of each separate *prescription* or refill of a covered *prescription* drug when dispensed by a *pharmacy*.

Dispensing limit, if applicable, means the monthly drug dosage limit and/or the number of months the drug usage is usually needed to treat a particular condition, as determined by Express Scripts, Inc.

Generic medication means a drug, medicine or medication that is manufactured, distributed, and available from a pharmaceutical manufacturer and identified by the chemical name, or any drug product that has been designated as generic by an industry-recognized source used by Express Scripts, Inc.

Legend drug means any medicinal substance the label of which, under the Federal Food, Drug and Cosmetic Act is required to bear the legend: "Caution: Federal Law Prohibits dispensing without prescription".

Home Delivery Mail Service pharmacy means a *pharmacy* that provides covered *mail order pharmacy* services, as defined by Express Scripts, Inc., and delivers covered *prescriptions* or refills through the mail to *covered persons*.

Non-participating pharmacy means a *pharmacy* that has NOT entered into an agreement with Express Scripts, Inc. or has NOT been designated by Express Scripts, Inc. to provide *services* to *covered persons*.

Participating pharmacy means a *pharmacy* that has entered into an agreement with or has been designated by Express Scripts, Inc. to provide *services* to *covered persons*.

Pharmacist means a person who is licensed to prepare, compound and dispense medication and who is practicing within the scope of his or her license.

Pharmacy means a licensed establishment where *prescription* medications are dispensed by a *pharmacist*.

Prescription means a direct order for the preparation and use of a drug, medicine or medication. The drug, medicine or medication must be obtainable only by *prescription*. The *prescription* must be given to a *pharmacist* verbally, electronically or in writing by a *qualified practitioner* for the benefit of and use by a *covered person*. The *prescription* must include at least:

1. The name and address of the *covered person* for whom the *prescription* is intended;
2. The type and quantity of the drug, medicine or medication prescribed, and the directions for its use;
3. The date the *prescription* was prescribed; and
4. The name and address of the prescribing *qualified practitioner*.

Prior authorization, if applicable, means the required prior approval from Express Scripts, Inc. for the coverage of *prescription* drugs, medicines and medications, including the dosage, quantity and duration, as appropriate for the *covered person's* diagnosis, age and sex. Certain *prescription* drugs, medicines or medications may require *prior authorization*.

Self-administered injectable drug means an FDA approved medication which a person may administer to himself/herself by means of intramuscular, intravenous, or subcutaneous injection, and is intended for use by *you*.

Specialty drug means a drug, medicine or medication used as a specialized therapy developed for chronic, complex *sicknesses* or *bodily injuries*. *Specialty drugs* may:

1. Require nursing services or special programs to support patient compliance;
2. Require disease-specific treatment programs;
3. Have limited distribution requirements; or
4. Have special handling, storage or shipping requirements.

Specialty pharmacy means a *pharmacy* that provides covered *specialty pharmacy* services, as defined by Express Scripts Inc., to *covered persons*.

EXPRESS SCRIPTS, INC. PHARMACY BENEFIT MANAGER

Express Scripts, Inc. is the Claims Processor of the Prescription Drug Program. There are two types of Benefits available under the Prescription Drug Program:

- **Prescriptions for short-term treatment** or course of therapy, such as antibiotics, should be filled at a retail network pharmacy for up to 30 day supply or less depending on how it is prescribed.
- **Prescriptions for long-term or maintenance medications** should be filled by a participating retail maintenance pharmacy for a 90 day supply or through Express Scripts Home Delivery Service for a 90 day supply for chronic conditions such as high blood pressure, heart conditions, arthritis, etc.

If you are covered under the Southeast Texas Government Employee Benefits Pool's medical plan, prescription benefits are payable if you or one of your covered dependents incur a Covered *Prescription* Drug Expense due to sickness or injury. Payments are subject to all terms of the Plan that may apply. If you have a problem getting your prescription filled, please have the pharmacist contact Express Scripts, Inc. at 1-800-785-4704. If you have questions about a pharmacy location or Home Delivery Mail Order forms/deliveries, call Express Scripts' Member Services at 1-800-785-4704 or access the website at www.ExpressScripts.com .

Benefits will be paid in the amount by which such expense exceeds the Copayment as it applies to this Coverage. Such Copayment is shown in the Schedule of Benefits below and applies separately to each prescription.

Under this provision, Covered Prescription Drug Expenses are obtainable by **two** separate methods:

1. **Using an issued ID card at a Participating Retail Pharmacy.** A Participating Retail Pharmacy will accept the amount of the Copayment as payment in full for a prescribed drug or medicine for a covered member for which a benefit may be paid. You must present your prescription drug ID card at a participating pharmacy to receive this benefit.
2. **Using the Home Delivery Mail Service Program** for covered maintenance prescription drugs.

Schedule of Prescription Drug Benefits

| Copays | Retail 30 Day Supply | Retail 90 Day Supply | Mail Order 90 Day Supply) |
|--------------------------------|---|---------------------------------|------------------------------|
| \$0 Copay Generic Drugs | \$0 copay for generic statins and generic oral anti-diabetic drugs | | |
| Over-the-Counter Drugs* | \$2 | \$6 | \$6 |
| Generic | The greater of: \$10 or 20% | The greater of: \$30 or 20% | \$20 |
| Preferred Brands | The greater of: \$25 or 30% | The greater of: \$70 or 30% | \$85 |
| Non-Preferred Brands | The greater of: \$50 or 40% | The greater of: \$130 or 40% | \$160 |
| Specialty Pharmacy | \$60 copay with a 30-day supply limit Must be filled through Accredo Specialty Pharmacy 1-800-803-2523 | | |

*The Plan covers OTC **Nasal Sprays:** Flonase® Allergy OTC, Nasacort® Allergy 24HR, and Rhinocort OTC nasal sprays. **Non-sedating Antihistamines:** Allegra® (fexofenadine), Claritin® (loratadine), Xyzal® Allergy, Zyrtec® (cetirizine) in all forms (chewables, syrups and “D”). **Proton Pump Inhibitors:** Nexium 24HR, Prevacid 24HR, or Prilosec OTC, Omeprazole OTC or Zegerid OTC.

Brands with Generics Available

If you or your physician request a brand name medication to be dispensed when a generic medication is available, you will pay the difference in the price between the brand and generic medication plus the brand copayment. This mandatory generic program applies to both the Retail and Home Delivery Mail Service Options.

ID Card

The Plan Administrator arranges with your medical benefit provider to issue one ID card to you. These are personalized with the employee’s name. If you have children in college, out of town

or that do not live with you and require additional prescription ID cards, call your medical benefit provider to order an additional card.

Exclusions Charges or expenses incurred for the items listed below are not Covered Prescription Drug Expenses. No benefits will be paid under this section for such charges. The drugs listed below are Plan exclusions.

- Non-FDA approved prescription drugs;
- Abortifacients;
- Absorica;
- Amrix;
- Anti-fungals such as Jublia or Kerydin;
- Alcortin A Gel; Aloquin Gel;
- Androgens (topical, brand injectable, brand oral, inhaled or transdermal; only generic injectable and generic orals are covered);
- Any drug, medicine or medication labeled “Caution-limited by federal law to investigational use,” or any drug, medicine or medication that is *experimental, investigational or for research purposes*, even though a charge is made to you;
- Any costs related to the mailing, sending, or delivery of *prescription* drugs;
- Any portion of a *prescription* or refill that exceeds the day supply as shown on the Schedule of Prescription Drug Benefits;
- Any *prescription* or refill for drugs, medicines, or medications that are lost, stolen, spilled, spoiled, or damaged;
- Any drug for which *prior authorization* is required and not obtained, if applicable;
- Any *prescription* refilled in excess of the number or refills specified by the qualified practitioner, or any refill dispensed after one year from the qualified practitioner’s order;
- Allergy serums;
- Anorexiant (weight loss medicines);
- Any fertility or infertility medications (oral or injectable);
- Arestin;
- AuviQ;
- Prescription non-sedating antihistamines (over-the-counter is covered with a written prescription from your practitioner);
- Brand aspirin products such as Durlaza and Yosprala;
- Brand corticosteroid nasal sprays (Rhinocort, Flonase and Nasacort are covered over-the-counter products with a written prescription from your practitioner);
- Brand proton pump inhibitors; generic omeprazole sodium bicarbonate (generic Zegerid); Note: generic proton pump inhibitors and over-the-counter proton pump inhibitors are covered;
- Brand sleep hypnotics such as Ambien or Belsomra;
- Bulk chemical powders such as ketamine, fentanyl or gabapentin;
- Biologicals;Ciclodan kits;
- Cosmetic alteration medications such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products;
- Drug delivery implants or insulin delivery devices, implantable insulin pumps and related products; however, benefits for such devices may be available under the Medical Plan;
- Drugs used to enhance athletic performance;
- Drugs that are considered “me, too” drugs that offer no additional clinical value over current alternative drugs; Examples are: Conzip, Endari, Fexmid, Forfivo XL, Gocovri,

Klofensaid II 1.5%, Fortamet and metformin ER 1000mg OSM, Glumetza and metformin HCL ER 1000mg tab, Lorzone, Pennsaid 2%, Pristiq, Quartette, Rayos, Zipsor;

- Combination drugs such as Duexis or Vimovo;
- Erectile Dysfunction Drugs whether oral or injectable, except for Sildenafil (generic for Viagra) and Cialis;
- Drugs used to treat hypoactive sexual desire disorder such as Addyi;
- Implantable contraceptive products;
- Horizant and Gralise (generic gabapentin is covered);
- HP Acthar Gel except for infantile spasms for children under age 2;
- Kuvan;
- Medical foods whether prescription or over-the-counter;
- Microsomal triglyceride transfer proteins such as Juxtapid and Kynamro;
- Multi-vitamins or supplements such as Mebolic, Nascobal, Niacor, Revesta, Xyzbac, Zyvit;
- Nutritional or dietary supplements, except those used to treat PKU;
- Over-the-counter drugs and vitamins (except insulin, diabetic test strips, lancets and insulin syringes and those OTCs specifically listed above as covered such as Proton Pump Inhibitors, Corticosteroid nasal sprays and Non-Sedating Antihistamines);
- Pain medication Hysingla and Zohydro;
- Plasma/Blood Products (Except hemophilia factors);
- *Prescriptions* for which the cost is paid under any Workers Compensation or Occupational Disease Law or any State of Governmental Agency or prescriptions furnished by any other Drug or Medical Service for which no charge is made to the member;
- *Prescriptions* that are to be taken by or administered to an individual in whole or in part while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home, or similar institution that operates or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- Restasis (all doses);
- Therapeutic devices or appliances; prescription and nonprescription supplies (such as ostomy supplies); including, but not limited to: hypodermic needles and syringes (except needles and syringes for use with insulin and covered self-administered injectable drugs); support garments; test reagents; mechanical pumps for delivery of medications; and other non-medical substances;

Specialty Pharmacy

Certain medications used for treating chronic or complex health conditions are handled through Accredo Specialty Pharmacy Services and limited to a 30 day supply. The purpose of the Specialty Pharmacy Program is to assist Participants with monitoring their medication needs for conditions such as those listed below and providing patient education. The Program includes monitoring of specific injectable, oral or infused drugs and other therapies requiring complex administration methods, special storage, handling, and delivery. Medications covered through the Specialty Pharmacy Program include, but are not limited to, the treatment of hepatitis C, HIV, osteoarthritis, rheumatoid arthritis, multiple sclerosis, cystic fibrosis, cancer, and certain hereditary diseases. Assistance and enrollment in the specialty pharmacy program may be obtained by calling Accredo at 1-800-803-2523; or a Specialty Care Representative may contact you to facilitate your ongoing prescription needs. Trained Specialty Care pharmacy staff is available 24 hours a day, 7 day a week to assist Participants. The delivery of these medications is available ONLY through Express Scripts, Inc. Specialty Pharmacy Services and are not

available through the retail network. Most of the medications are shipped to your home using an overnight delivery service and temperature controlled packaging.

Most specialty medications require prior authorization through Accredo Specialty Pharmacy Services.

Additional Provisions

This Coverage is subject to the Exclusions and other provisions described on other pages.

Non- Participating Retail Pharmacies

If you purchase a covered Drug from a non-participating pharmacy, you will be responsible for the entire amount of the drug's ingredient cost, dispensing fee and any sales tax.

Participating Retail Pharmacies

Participating Retail Pharmacies are only those stores that participate and enter into agreements with Express Scripts, Inc.'s retail network. All chain pharmacies participate in the network as well as a large number of independent pharmacies. Information about Participating Retail Pharmacies is available at www.ExpressScripts.com.

Home Delivery Mail Service

The Home Delivery Mail Service program is designed for individuals who take the same medication over a long period of time for conditions such as diabetes, high blood pressure, emphysema, arthritis, heart or thyroid conditions. While it is *not mandatory* to use the mail order program, those that do will reduce their out of pocket payments and will not have to reorder as frequently.

Each mail order prescription is limited to a maximum quantity limit of a 90-day supply. The Express Scripts, Inc. Home Delivery Mail Service pharmacy is required by law to dispense the prescription in the exact quantity specified by the Physician. Therefore, if the quantity prescribed is for less than 90-day per fill, Express Scripts, Inc. can only fill the smaller amount. Participants should ask their Physician to write the script for 90 day with three refills if they are taking the medicine long term (for a year).

To place an initial order through the order drug program, complete a Mail Service Patient Profile Form and submit it to Express Scripts, Inc. along with the original prescription(s) and the appropriate copayment. Order forms for the Home Delivery Mail Service prescription drug program are available from Express Scripts, Inc. You can expect to receive your covered prescription(s) within 10 day.

Refills for maintenance medications through the Home Delivery Mail Service Pharmacy can be obtained by phone at 1-800-785-4704 or through the Express Scripts, Inc. website at www.ExpressScripts.com

Covered Drug Expense

Covered Prescription Drug Expense includes only Reasonable and Customary charges. These must be incurred by you or one of your covered Dependents and must be prescribed by a doctor for the care and treatment of a Sickness or Injury. Supplies of such drugs and medicines must be within the Eligible Quantity. The following are Covered Prescription Expenses (unless listed under **Exclusions** on page 4):

- Federal legend drugs, prescribed by a Qualified Practitioner;
- Dispensed by a licensed Pharmacist;
- State restricted drugs;
- ADHD and ADD medications;
- Compounded medications that includes at least one federal legend drug or one state restricted drug;
- Erectile Dysfunction Drugs –Viagra Only (generic) but limited to 6 tabs per 30 day supply and Cialis;
- Generic anti-fungal ciclopirox;
- Generic proton pump inhibitors except omeprazole sodium bicarbonate
- Inhaler assisting devices such as Aerochamber;
- Insulin, diabetic supplies, lancets, alcohol swabs and insulin syringes;
- Non-insulin syringes;
- Nutritional Supplements for treatment of PKU;
- Oral, injectable, transdermal, IUDs, diaphragms and cervical caps, emergency contraceptives, spermicides and intravaginal contraceptives;
- Topical acne medications covered to age 26; subject to prior authorization after age 26;
- Oral acne medications except Absorica;
- Over-the-counter proton pump inhibitors, non-sedating antihistamines and corticosteroid nasal sprays with a written prescription from your practitioner;
- *Prescriptions* that are refillable up to one year from the date of prescription;
- Prescription Vitamins and Prenatal vitamins;
- Self-Injectable, oral or infused medications considered Specialty Pharmacy medications used to treat chronic diseases (subject to prior authorization and dispensed through - Accredo Specialty Pharmacy only; limited to a 30 day supply);
- Smoking Cessation age 18 and over; (prescription drugs and over-the-counter lozenges, patches and gum, except inhaled products). Limited to 180 days of coverage per year;
- Topical acne medications up to age 25; over age 25 requires a prior authorization;
- Topical generic fluoride products;

Preventive Health Services

The following provisions are covered health services at \$0 copay, as named by the Affordable Care Act, covered by the Southeast Texas Government Employees Benefit Pool drug plan. This information is subject to change, based on additional guidance from federal agencies:

- Aspirin: Age limit greater than or equaling 45 years of age (men and women), no prior authorization, quantity limit 100, generic only, over the counter (requires prescription)
- Folic Acid: Women, age limit less than or equal to 55 years of age, no prior authorization, quantity limit 100, generic only, over the counter requires prescription
- Iron Supplements: Children (age 6-12 months); age limit (through year 1), no prior authorization, no quantity limits, brand and generic, prescription or over the counter (requires prescription)
- Bowel preps for ages 49 to 76; applies to prescription brand and generic products
- Vaccines

Eligible Day Supply Quantity

The Eligible Quantity of drug, including insulin, that may be dispensed per prescription or refill is the amount prescribed up to the limit shown in the copay grid on page 3 of this document.

Dispensing Limits

Some *prescription* drugs may be subject to *dispensing or quantity limits*. Not all drugs may be listed so call to verify. To verify if a *prescription* drug has *dispensing limits*, call the toll free Member Service's phone number 1-800-785-4704 or visit Express Scripts, Inc.'s website at www.ExpressScripts.com.

Some drugs subject to Quantity /Dose duration limits are:

- Anti-influenza
- Erectile dysfunction drugs (Viagra)
- Eye conditions
- Migraine Therapy
- Nausea and vomiting
- Pain Therapy (Stadol)
- Sleep disorder
- Topical inflammatory conditions

Not all drugs are listed that are subject to a quantity limit.

Prior Authorization (PA)

This initiative assists in insuring the appropriate usage of certain medications by applying FDA approved indications and manufacturer's guidelines to the utilization of certain medications. Express Scripts, Inc. has identified those medications that have a high potential for serious side effects, high costs, or high abuse potential. For a complete list of drugs that require prior authorization under the plan, please call Express Scripts, Inc. at 1-800-785-4704.

Some drugs subject to Prior authorization are:

- Acne medications (topical) for anyone age 26 and over
- Anti- Narcoleptic meds such as Provigil, Nuvigil
- Blood thinners and other drugs used to treat A-Fib
- Botox
- Fentanyl Transmucosal Medications
- GLPs for diabetes such as Bydureon or Victoza
- Specialty Medications
- Oncology medications
- Pain patches
- Suboxone
- Xiidra

The drugs or conditions listed above are examples of drugs subject to prior authorization. Not all drugs are listed. The following steps should be taken in order to obtain a Prior Authorization:

1. The Participants' Physician must call Express Scripts, Inc. at 1-800-785-4704 to obtain a prior authorization form. The form will be faxed to the Physician's office;
2. Once completed and faxed back to Express Scripts, Inc., a pharmacist will evaluate the information provided by the Physician;
3. Once the prior authorization clinical guidelines are met, the prior authorization will be approved and entered into the system;
4. If the clinical guidelines are not met, the Physician will be sent a denial form;

5. If the prior authorization is denied, Participants can still get their prescription but they will be financially responsible for the full charge of the prescription; and
6. The Participant and his Physician may appeal the denial. The instructions to appeal the denied prior authorization request are included with the denial form.

Participant Appeals Process

Note: Plan exclusions are not subject to medical necessity or appeals.

Level 1 Appeals

In the event you receive an adverse benefit determination following a request for coverage of a prescription benefit claims, you have the right to appeal the adverse benefit determination in writing within 180 day of receipt of notice of the initial coverage decision. An appeal may be initiated by you or your authorized representative (such as your physician). To initiate an appeal for coverage, provide in writing your name, member ID, phone number, the prescription drug for which benefit coverage has been denied, the diagnosis code and treatment codes to which the prescription relates (together with the corresponding explanation for those codes) and any additional information that may be relevant to your appeal. This information should be mailed to:

Express Scripts, Inc.
Attn. Clinical Appeals Department
PO Box 66588
St Louis, MO
63166-6588
Phone: 1-800-753-2851
Fax: 1-877-852-4070

A decision regarding your appeal will be sent to you within 15 days of receipt of your written request. The notice will include information to identify the claim involved, the specific reasons for the decision, new or additional evidence, if any considered by the plan in relation to your appeal, the plan provisions on which the decision is based, a description of applicable internal and external review processes and contact information for an office of consumer assistance or ombudsman (if any) that might be available to assist you with the claims and appeals processes and any additional information needed to perfect your claim. You have the right to receive, upon request and at no charge, the information used to review your appeal.

Administrative Appeal

In the event you receive an adverse benefit determination following a request for coverage for a pharmacy benefit claim that involves the penalty for selecting a brand when a generic is available or requesting more units than the day supply allowed, or exceeding the quantity limits available on a particular drug, you have the right to appeal within 180 days of receipt of notice of the initial coverage decision.

This information should be mailed to:

Express Scripts, Inc.
Attn. Administrative Appeals Department
PO Box 66587
St Louis, MO
63166-6587
Phone: 1-800-946-3979
Fax: 1-877-852-4070

Level 2 Appeals

If you are not satisfied with the coverage decision made on appeal, you may request in writing, within 90 day of the receipt of notice of the decision, a second level appeal. A second level appeal may be initiated by you or your authorized representative (such as your physician). To initiate a second level appeal, provide in writing your name, member ID, phone number, the prescription drug for which benefit coverage has been denied the diagnosis code and treatment codes to which the prescription relates (and the corresponding explanation for those codes) and any additional information that may be relevant to your appeal. This information should be mailed to Express Scripts, Inc.

Attn. Clinical Appeals Department
PO Box 66588
St Louis, MO
63166-6588
Phone: 1-800-753-2851
Fax: 1-877-852-4070

You have the right to review your file and present evidence and testimony as part of your appeal, and the right to a full and fair impartial review of your claim. A decision regarding your request will be sent to you in writing within 15 day of receipt of your written request for an appeal. The notice will include information to identify the claim involved, the specific reasons for the decision, new or additional evidence, if any considered by the plan in relation to your appeal, the plan provisions on which the decision is based, a description of applicable internal and external review processes and contact information for an office of consumer assistance or ombudsman (if any) that might be available to assist you with the claims and appeals processes. You have the right to receive, upon request and at no charge, the information used to review your second level appeal. If new information is received and considered or relied upon in the review of your second level appeal, such information will be provided to you together with an opportunity to respond prior to issuance to any final adverse determination of this appeal. The decision made on your second level appeal is final and binding.

External Review

You also may have the right to obtain an independent external review. Details about the process to initiate an external review will be described in any notice of an adverse benefit determination. External reviews are not available for decisions relating to eligibility.

In the case of a claim for coverage involving urgent care, you will be notified of the benefit determination within 24 hours of receipt of the claim. An urgent care claim is any claim for treatment with respect to which the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function, or in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed. If the claim does not contain sufficient information to determine whether, or to what extent, benefits are covered, you will be notified within 24 hours after receipt of your claim of the information necessary to complete the claim. You will then have 48 hours to provide the information and will be notified of the decision within 24 hours of receipt of the information. If you don't provide the needed information within the 48-hour period, your claim will be deemed denied.

You have the right to request an urgent appeal of an adverse benefit determination (including a deemed denial) if you request coverage of a claim that is urgent. Urgent appeal requests may be oral or written. You or your physician may call 1-800-785-4704 or send a written request to:

Express Scripts, Inc.
Attn. Clinical Urgent Appeals Department
PO Box 66588
St Louis, MO
63166-6588
Phone: 1-800-753-2851
Fax: 1-877-852-4070

In the case of an urgent appeal for coverage involving urgent care, you will be notified of the benefit determination within 72 hours of receipt of the claim. This coverage decision is final and binding. You have the right to receive, upon request and at no charge, the information used to review your appeal. If new information is received and considered or relied upon in the review of your appeal, such information will be provided to you together with an opportunity to respond prior to issuance to any final adverse determination of this appeal. The decision made on your second level appeal is final and binding. You also have the right to obtain an independent external review. In situations where the timeframe for completion of an internal review would seriously jeopardize your life or health or your ability to regain maximum function you could have the right to immediately request an expedited external review, prior to exhausting the internal appeal process, provided you simultaneously file your request for an internal appeal of the adverse benefit determination. Details about the process to initiate an external review will be described in any notice of an adverse benefit determination.

COBRA

For COBRA Continuation and Medicare RX Creditable Coverage Notices, please refer back to Southeast Texas Government Employee Benefits Pool Employee Benefit Guide.

Address for Claims Administrator

Express Scripts, Inc.
One Express Way
St. Louis, MO 63121

Plan Sponsor: Southeast Texas Government Employees Benefit Pool
215 Franklin, Suite 202
Beaumont, TX 77701

Plan Administrator: Southeast Texas Government Employees Benefit Pool
215 Franklin, Suite 202
Beaumont, TX 77701
409-835-8672

The Plan Administrator has authority to control and manage the operation and administration of the Plan.

Agent for Service of Legal Process: Southeast Texas Government Employees Benefit Pool
215 Franklin, Suite 202
Beaumont, TX 77701

Employer Identification Number (EIN): 74-6000291

End of Plan Year: December 31

Type of Administration: The Plan is administered by the Plan Administrator.
The Pharmacy Benefit claims administrator is Express Scripts, Inc.

Plan Changes and Termination: The Plan Administrator may amend, modify or terminate the Plan.

Contributions: The cost of your benefits under the Plan is paid for by your employer (if applicable) includes the cost of any insurance premiums contributed by you.

The Plan reserves the right to amend or modify the Plan at any time.