

**Metro**



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# ***Prescription Drug Plan***

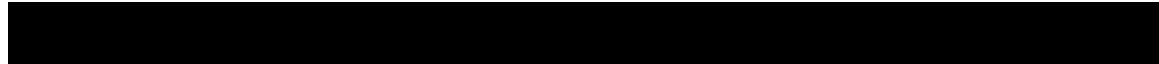
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Summary Plan Description

December 1, 2007  
*Revised 10/1/10*

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## ***About Your Benefits***



This book describes the prescription drug plan available to Metro employees and their eligible dependents. You should refer to your Medical Plan booklet for information about who is eligible to participate in this program.

This booklet, along with applicable portions of the Medical Plan booklet, serves as a summary plan description (SPD). The effective date of this SPD is December 1, 2007.

### ***Eligibility***

Your eligibility for benefits under this prescription drug plan, and the eligibility of your dependents, is determined by your eligibility for the Metro Health Plan.

If you and your dependents are enrolled in the Metro Health Plan, you participate in this program.

### ***When Coverage Begins***

Coverage for you and your dependents begins on the same day your coverage begins under the medical plan.

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# Prescription Drug Coverage



This booklet describes the prescription drug plan and what it can mean to you and your family. The first part describes the benefits available and the second part provides detailed information on how to use the plan.

The plan is administered by Express Scripts, Inc. (ESI). The program has two parts:

- Retail Pharmacy Benefit – Choose from over 58,000 participating pharmacies nationwide.
- Mail Service Pharmacy Benefit – Order your prescriptions and have them delivered right to your door.

## **Your Cost**

When your covered prescriptions are filled under this program, you share a portion of the cost; the plan plays for the rest. Your costs for the program are as follows:

| Type of Medication | Retail Pharmacy<br>Up to 30-day supply | 90-day Retail Option<br>90-day supply | Mail Service<br>Up to 90-day supply |
|--------------------|--|---------------------------------------|-------------------------------------|
| Generics           | \$20.00                                | \$40.00                               | \$40.00                             |
| Single Source      | \$25.00                                | \$50.00                               | \$50.00                             |
| Multi Source       | \$40.00                                | \$80.00                               | \$80.00                             |

It is standard pharmacy practice (and in some states, it is even required by law) to substitute generic equivalents for brand-name drugs whenever possible.

When you use the mail service or a participating retail pharmacy, you will receive generic substitutes whenever available and allowable.

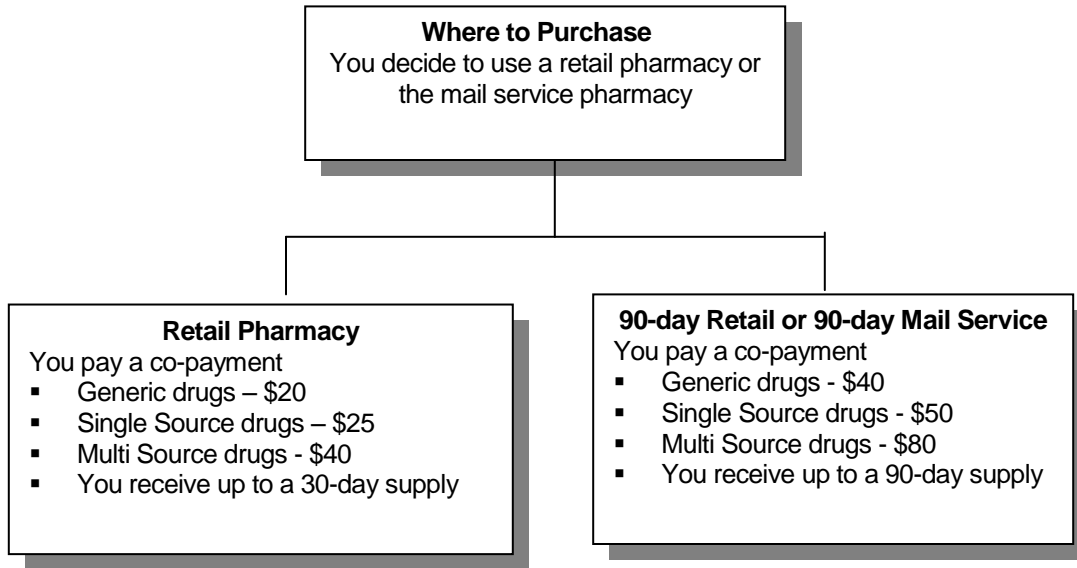
Under your benefit plan, whenever a brand-name drug is dispensed when a generic substitute is available and allowable, **you will be responsible for the higher brand copayment plus the difference between the brand and generic price of each drug.**

*This is a brief description of the prescription plan. While medically necessary prescription drugs are covered, there are restrictions that apply to the plan. It is important that you review the material in the following pages of this booklet to become thoroughly familiar with your prescription drug coverage. In addition to the benefits, the limitations and non-covered items are fully explained.*

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# How the Prescription Drug Plan Works

In general, here is how the plan works if you use a participating pharmacy or the mail service program:



There are two parts to the prescription drug plan:

**Retail:** You can purchase up to a 30-day supply of prescription drugs at any of the more than 58,000 network pharmacies nationwide. You can purchase a 90-day supply of maintenance medications (those taken continuously or every day) at select retail locations. (Your doctor must authorize a 90-day supply of medication. Some medications may not be available in 90-day supplies under applicable law).

**Mail Service:** You can purchase up to a 90-day supply of maintenance drugs (those taken continuously or every day) through the mail service prescription drug program.

## **Covered Prescription Drug Expense**

The plan provides benefits for only covered prescription drug expenses. Covered expenses are those related to the diagnosis and treatment of an illness or injury. Prescriptions or supplies must be medically necessary, prescribed by a doctor who is qualified under the terms of your health care plan, not be available without a prescription and not excluded from coverage by this plan. See pages 8-9 for a list of excluded expenses.

In some situations, your doctor may write a prescription for a drug that is available without a prescription or one that can be purchased over-the-counter (OTC). These nonprescription drugs are not covered under this plan.

To qualify as a prescription drug, the container must read: "CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION, AS DEFINED UNDER THE AMENDED FEDERAL FOOD, DRUG AND COSMETIC ACT."

### **Identification Cards**

After you enroll in the Metro Health Care Plan, you will receive two (2) identification cards. Prescription drug information is provided on the prescription drug card. You may request additional cards for college students or dependents who do not live with you. Additional cards can be obtained through ESI or the Metro Benefits Department.

You will also receive a brochure that includes a patient profile questionnaire and a preprinted envelope for the mail-order drug program at the time you receive your ID card(s). You will need these forms to order your prescriptions through the mail-order program.

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## **The Retail Program**

### Using the Retail Program

ESI has contracted with pharmacies - both large and small - across the country. These pharmacies have agreed to provide prescription drugs at a negotiated rate. A list of network pharmacies is available, without charge by going to [www.express-scripts.com](http://www.express-scripts.com). **Out-of-Network pharmacies are not covered.**

If you have questions about your pharmacy benefits (for example, copay, eligibility, or location or a nearby participating pharmacy), call the ESI Customer Service Center toll-free, 24 hours a day, 7 days a week at **1-866-509-9660**. TTY: **1-800-899-2114**.

Each time you purchase a prescription drug at a retail pharmacy, you decide whether to go to a pharmacy that participates in the network or a non-participating pharmacy. With over 58,000 pharmacies in the network, there is little reason to use out-of-network pharmacies.

#### **At a network pharmacy**

1. Present your ID card to your pharmacist along with your prescription each time you have a prescription filled or refilled.
2. Pay the pharmacist the co-payment.
3. The plan will pay the rest. There are no claim forms to complete (except for coordination of benefits if you have coverage under multiple insurance plans).

### **Participating Retail Pharmacies**

When you have a prescription filled or refilled, you must show your ID card to a participating pharmacist.

If you do not show your ID card when you obtain a prescription from a participating pharmacy, you will be charged the regular price for the prescription, not the negotiated rate. This will cost you more than if you had presented your card when obtaining the prescription. You will need to submit a reimbursement form, and you then will be reimbursed. You will be reimbursed at the negotiated price that the plan would have paid for your prescription less the applicable co-payment. You can obtain a reimbursement form from the Benefits Department by calling **1-314-982-1400 extension 3006**.

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## **The Mail Service Program**

### **Using the Mail Service Drug Program**

You can use the mail service for maintenance-type drugs. A maintenance prescription is a drug you take on a regular basis to treat ongoing medical conditions such as high blood pressure, diabetes, ulcers, etc. Your prescription can be filled up to a 90-day supply.

### **90-day Mail Service Prescriptions**

With the mail service program, you can purchase up to a 90-day supply of your prescription for the following cost:

| <b>Type of Mail-Order Prescription</b> | <b>You Pay</b> |
|--|----------------|
| Generics                               | \$40           |
| Single Source                          | \$50           |
| Multi Source                           | \$80           |

You can save on your maintenance prescription expenses by taking advantage of the mail service program. The examples below compares a maintenance drug for a one-year supply purchased at a retail pharmacy vs. the mail service program.

The table below shows the possible savings if you use the mail-order service.

| <b>Type of prescription</b> | <b>Retail cost (Monthly)</b> | <b>Mail service cost (3-Month Supply)</b> | <b>Savings by using mail service (Annual)</b> |
|-----------------------------|------------------------------|---|---|
| Generics                    | \$20                         | \$40                                      | \$ 80   |
| Single Source               | \$25                         | \$50                                      | \$100   |

|              |      |      |       |
|--------------|------|------|-------|
| Multi Source | \$40 | \$80 | \$160 |
|--------------|------|------|-------|

Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgement of a pharmacist. If you have any questions about your prescription order, please call Express Scripts, Inc. at 1-866-509-9660.

### ***How does the mail service plan work?***

Here is how the mail-order program works:

1. You obtain a prescription for your medication from your doctor. Your doctor must prescribe a 90-day supply for you to receive that quantity. For example, if you take one tablet per day, your doctor must write a prescription for 90 tablets. If you take two tablets per day, your doctor must write a prescription for 180 tablets. Be sure to ask your doctor to prescribe a 90-day supply, plus refills (up to three), whenever appropriate. The law prevents pharmacies from dispensing more than the quantity prescribed by the physician.
2. You need to discuss generic substitutions with your doctor. If your doctor indicates on the prescription "may substitute," your prescription will automatically be filled with a generic equivalent, if available. If you do not want the generic substitute, you'll need to take the following steps:
  - Discuss the situation with your doctor and ask that he/she write the prescription for a brand-name drug and indicate "dispense as written" or "no substitutions".
  - If your physician does not write "dispense as written," but you wish to receive a brand name, you must include a note in the envelope indicating you do not wish to receive generic drugs.
  - If you are submitting more than one prescription in the same envelope and wish to have some drugs filled with generics and some with brand names, include a note indicating which prescriptions may be filled with generic drugs.
3. Call Express Scripts at 1-866-509-9660 to determine the cost of the mail service prescription. You will need to provide the name, strength, dosage and quantity of the drug to the Customer Service representative in order to receive a price quote.
4. Put the prescription, your payment and the patient profile questionnaire in the preprinted envelope and mail to Express Scripts Mail Pharmacy Service, P. O. Box 66773, St. Louis, MO 63166-9742. You only need to submit the patient profile questionnaire with the first mail-order prescription.

You may pay with a personal check or money order, or you can charge the amount you owe to a major credit card.
5. The mail service will fill your prescription. Your medication will arrive at your home within 14 days after you have mailed your order form. Be sure to allow enough time for processing and delivery when placing your prescription order.



## ***Diabetic Supplies***

To obtain insulin or diabetic testing supplies such as, syringes and lancets, through the mail-order program, you must submit a prescription for each of the items. For example, a prescription for insulin, another for syringes/needles, another for test strips and another for lancets.

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# ***General Plan Provisions***

## ***What is the Difference between Generic and Brand-Name Drugs?***

The generic name of a drug is its chemical name. The brand name is the trade name under which the drug is advertised and sold. By law, generic and brand-name drugs must meet the same standards for safety, purity, strength and effectiveness.

Generic drugs go through the same FDA approval process as their brand-name equivalents. They are considered safe, cost-effective and, in most cases, can be substituted for brand names. When you get a prescription, you may want to ask your doctor if you may use generic substitutes.

## ***Maximum Supply of Prescription Drugs***

A prescription filled through a retail pharmacy can be dispensed for up to a 30-day supply. Refills are limited to your physician's specifications for up to one year (by federal law). For maintenance drugs, a supply of up to 90 days can be obtained through a retail pharmacy (select retail locations) or the mail service. Refills for maintenance drugs are also limited to your physician's specifications for up to one year.

If your doctor authorizes refills, they can only be dispensed when 70% of the prescription would have been used in accordance with your physician's specifications.

## ***Out-of-Pocket Maximum***

There is no limit on the co-payment amounts for any one person in any calendar year. You can minimize your out-of-pocket expenses by substituting a generic drug when available, by using ESI network pharmacies and taking advantage of the mail-order program. No amount paid out of your pocket under this program will be counted toward the out-of-pocket maximum under any other plan.

## ***Medication Management Programs***

### ***Clinical Prior Authorization***

Certain prescriptions require "clinical prior authorization," or approval from your plan, before they will be covered. The categories/medications that require clinical prior authorization may include, but are not limited to: Antiemetics-oral, Botulinum Toxins, Lamisil/Sporanox, Migraine Wellbutrin SR/XL.

To confirm whether you need clinical prior authorization and/or to request approval, call **1-866-509-9660**. Please have available the name of your medication, physician's name, phone (and fax number, if available), your member ID number, and your group number (from your ID card).

### **Step Care Therapy**

This program promotes the use of generic agents when clinically appropriate, and discourages the use of brand agents. This program generally requires utilization of an effective first-line agent before other alternative therapies may be covered.

### **Selective Serotonin Reuptake Inhibitors (SSRIs)**

SSRIs are prescribed for the treatment of major depressive disorder. Currently available generic SSRIs include fluoxetine, prooxetine, citalopram, and sertraline. Prescriptions for Lexapro, Paxil CR, Peveva, Prozac Weekly, or Sarafem will be automatically approved for patients who meet the following criteria:

- ❖ History of brand SSRI within the past 120 days

For manual approval, patients must meet the following criteria:

- ❖ Currently established on the brand SSRI requested
- ❖ Failure, intolerance, hypersensitivity, or contraindication to 3 generic SSRIs
- ❖ If a generic is available, completion of Medwatch form to document generic product quality, safety, or performance concerns.

### **Proton-Pump Inhibitors (PPIs)**

PPIs are prescribed for the treatment of acid related disorders. This program will encourage the use of the OTC PPI products as first line therapy such as, Prilosec OTC before using a prescription PPI such as, Aciphex, Nexium, Prevacid, Protonix, Prilosec Zegerid Capsules.

### **Non-Sedating Antihistamines (NSAs)**

NSAs are prescribed for the treatment of allergy symptoms. This program will encourage the use of the OTC NSA products as first line therapy such as, Claritin OTC before using a prescription NSA such as, Allegra, Allegra-D, Clarinex, Clarinex-D, Zyrtec, Zyrtec-D.

For more information call **1-866-509-9660**.

### **Specialty Pharmacy**

Certain medications used for treating complex health conditions must be obtained through the Specialty Pharmacy program. The following conditions may require drugs that fall under Specialty Pharmacy which include, but are not limited to Enzyme Deficiency, Cystic Fibrosis, Growth Hormone Deficiency, Multiple Sclerosis, Rheumatoid Arthritis and Viral Hepatitis. Prescriptions for these types of drugs may only be filled at a local ESI pharmacy or via home delivery. Please call 1-866-509-9660 for more information about this program.

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## ***Prescription Drugs Not Covered (Exclusions)***

In addition to exclusions mentioned in other parts of this booklet, the plan does not provide prescription drug benefits for expenses including, but not limited to:

- Over-the-counter (OTC) items, even if your doctor writes a prescription
- Drugs that are not medically necessary, as that term is defined in your medical plan
- Replacement of lost, stolen, or damaged drugs
- Drugs dispensed for cosmetic purposes
- Drugs or insulin while confined to a hospital, nursing home or similar home, which are billed as part of your inpatient medical charges
- Drugs or injectable insulin in excess of the quantity prescribed by a doctor or purchased more than one year after the prescription date
- Male impotency drugs
- Expenses payable under any other Agency benefit plan
- Drugs dispensed by the prescribing doctor
- Drugs labeled "Caution - Limited by Federal Law to Investigational Use" or experimental drugs

### Experimental Drugs Not Covered

Experimental drugs are medications which have not been approved by the Food and Drug Administration (FDA). These medications are used by physicians, selected by the manufacturer of the drug, during human clinical trials. The physician will choose patients to participate in the trials. In most cases, the drug manufacturer will fund the entire cost of the program including the cost of medication.

- Rogaine for hair growth (topical minoxidil)
- Retin-A® (covered through age 24)
- Growth hormones (unless medically necessary)
- Smoking cessation products (Nicorette gum, smoking cessation patches, etc.)
- Anabolic steroids
- Infertility drugs

- Anorexiants, diet aids and any drug for treatment of obesity due solely to overeating
- Therapeutic devices or appliances
- Healing devices, immunization agents, organic serum, blood or blood plasma
- Health or beauty aids
- Delivery charges in conjunction with the retail program
- Drug expenses for one person but which are incurred due to the injury or sickness of a different person, no matter which person incurs the expense
- The amount of expenses discounted or reduced or for which you received a credit from the provider
- Drugs for which no charge is made or no payment would be required if you did not have this coverage
- Drugs furnished or payable under a plan or program operated by a national government or one of its agencies
- Drugs furnished or payable under a state cash sickness or similar law, including any group insurance policy approved under such law
- Drugs used to treat injury or illness resulting from an act of war (declared or undeclared), insurrection, atomic explosion or other release of nuclear energy (except when used solely as medical treatment) or in connection with military service
- Drugs used to treat intentionally self-inflicted injury (while sane or insane)
- Drugs used to treat injury or illness resulting from taking part in an assault or a felony
- Drugs used to treat illness or injury covered by Workers' Compensation, occupational disease law or similar laws
- Drugs used to treat injury if it arises out of employment for pay, profit or gain
- Drugs used to treat injury or illness caused by another person or organization in certain circumstances
- Expenses incurred before coverage begins or after coverage ends

This is a *partial* listing of drugs not covered. Certain prescriptions may require physician confirmation of medical necessity. Please refer to your plan document for details. For specific drug inquiries, contact the ESI Customer Service Center at 1-866-509-9660.

NOTE: Prescriptions for covered contraceptives, prenatal vitamins, fluoride and legend vitamins are only covered at mail service or for a 90-day supply at retail.

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## ***Claims Filing and Coordination of Benefits***

### ***Who to Call for Information***

You may have questions about your prescription drug plan. For information about eligibility, covered expenses, benefits and participating pharmacies in the retail network, you may contact ESI as follows:

Express Scripts, Inc.

Call 1-866-509-9660

or

On-line at [www.express-scripts.com](http://www.express-scripts.com)

To receive information on mail service costs for maintenance prescriptions, you may contact:

Express Scripts, Inc.

Call 1-866-509-9660

or

On-line at [www.express-scripts.com](http://www.express-scripts.com) and click "mail pharmacy service"

Emergency pharmacy consultation is available.

### ***Filing a Prescription Claim***

If you go to a participating pharmacy, you will pay your co-payment amount and the claim will automatically be filed.

To receive reimbursement for prescriptions received, a claim must be submitted to Express Scripts, Inc. (ESI) on a standard form used by the Plan. Reimbursement forms can be obtained from the Benefits Department by calling **1-314-982-1400 ext. 3006**. ESI will respond to your claim for reimbursement within 30 days. All claims must be accompanied by proper proof of itemized charges.

In order for our claims administrator to have correct information to process claims, the company must have up-to-date information on all of your family members. Be sure to notify the Benefits Department within 30 days of any change in status as described in your medical plan booklet or mailing address so our records are accurate. The Benefit Department may be able to assist you with changes in your family status.

To file a claim, you should complete all information requested on the reimbursement form. You should attach the itemized receipt supplied by the pharmacy. These receipts should show the patient's name, date and description of charges. Original copies of bills are preferred. If you fail to submit the information necessary to process your claim, you will be notified and provided 45 days within which to supply the required information.

Claim forms should be sent to:

Express Scripts, Inc.  
Member Reimbursements  
P. O. Box 66583  
St. Louis, MO 63166

You must file your claim for prescription reimbursement within 12 months after you receive the prescription.

### ***Questions about Prescriptions Claims in Process***

Questions about claims in process should be directed to Express Scripts, Inc.:

Claim Inquires

For claim information, call Express Scripts, Inc. at 1-866-509-9660

### ***Appealing a Claim***

If a Covered Person's claim for a prescription benefit is denied or ignored, in whole or in part, they have a right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial, all within certain time schedules.

### ***How to Appeal a Claim Decision***

If the Covered Person disagrees with a pre-service or post-service claim determination after following the above steps, the covered person can contact the ESI in writing to formally request an appeal. The request should include:

- The patient's name and the identification number from the ID card.
- The date(s) the Prescription(s) was filled.
- The provider's name.

- The reason the Covered Person believes the claim should be paid.
- Any documentation or other written information to support the Covered Person's request for claim payment.

The Covered Person's first level appeal review request must be submitted to the Company within 180 days of the day of receipt of the denial letter.

A qualified individual who was not involved in the decision being appealed will be appointed to decide the appeal. If the Covered Person's appeal is related to clinical matters, the review will be done in consultation with a health care professional with appropriate expertise in the field who was not involved in the prior determination. The Company may consult with, or seek the participation of, medical experts as part of the appeal resolution process. The Covered Person consents to this referral and the sharing of pertinent medical claim information. Upon request and free of charge the Covered Person has the right to reasonable access to and copies of, all documents, records, and other information relevant to their claim for benefits.

The first level appeal will be conducted and the Covered Person will be notified by the Company of the decision within 30 days from receipt of a request for appeal of a denied claim. If the Covered Person is not satisfied with the first level appeal decision of the Company, the Covered Person has the right to request a second level of appeal from the Company. The Covered Person's second level appeal must be submitted to the Company in writing within 60 days from receipt of first level appeal decision.

The second level appeal will be conducted and the Covered Person will be notified by the Company of the decision within 30 days from receipt of a request for review of the first level appeal decision.

Written or electronic notification of the denial of your claim will be provided. The notice will explain the reason for the denial, refer to the part of the plan on which the denial is based and include any additional information required by law.

### ***Legal Action***

If the Covered Person wants to bring a legal action against the Plan Administrator or the Agency, the Covered Person must do so within three (3) years from the date which a request for reimbursement was submitted, or the Covered Person loses any rights to bring such action against the Plan Administrator or Company.

The Covered Person cannot bring any legal action against the Plan Administrator or the Agency for any other reason unless the Covered Person first completes all the steps in the appeal process described in this document. After completing that process, if the Covered Person wants to bring a legal action against the Plan Administrator or the Company, the Covered Person must do so within three (3) years of the date the Covered Person is notified of the final decision on the appeal, or the Covered Person loses any rights to bring such an action against the Plan Administrator or the Company.

### ***Coordination of Benefits***

In many families, especially if both husband and wife work, family members may be covered by more than one prescription plan. Each plan pays benefits, but the plans coordinate their payments so that the total payments are not more than 100% of the allowable expenses.

### ***When coverage continues***

#### **Family and Medical Leave Act (FMLA)**

Your medical plan booklet describes your rights to continued medical coverage during a Family & Medical Leave Act leave of absence.

#### ***Plan Amendment and Termination:***

The Plan Sponsor reserves the right to modify, suspend, or terminate the Plan in whole or in part at any time. The Sponsor does not promise the continuation of any benefit nor does it promise any specific level of benefits at or during retirement.

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## ***Other Administrative Information***



#### ***When Coverage Ends***

Your medical plan booklet describes in detail the dates and circumstances under which your coverage under this prescription plan will end. Your medical plan booklet also describes the special COBRA and other plan provisions that may permit you to continue coverage through your medical plan.

#### ***Converting Coverage to an Individual Policy***

There is no separate conversion policy available under the prescription plan.

#### ***Administrative Information***

Information about many subjects relating to the administration of this plan may be found in your medical plan booklet. Subjects discussed in that booklet include the right of the company and the claims administrator to interpret the plan; including your right to appeal any claim that has been denied; the company's right to amend or terminate this plan; assignment of benefits; facility of payment; subrogation; claims of creditors; recovery of excess payments; payment adjustments; release of information; and other important administrative information about this plan.

## ***Plan Information***

#### ***Name of Plan:***

Metro Health Care Plan



***Plan Sponsor:***

Metro  
707 North First Street  
St. Louis, Missouri 63102-2595  
(314) 982-1400

***Employer Identification Number of Plan Sponsor:***

43-6004283

***Agent for Service of Legal Process:***

The Plan Sponsor named above.

***Plan Number (PN):***

503

***Plan Type:***

The Plan described in this Summary Plan Description is a "Welfare Benefit Plan"

***Plan Year:***

January 1<sup>st</sup> through December 31<sup>st</sup>

***Plan Administrator:***

Metro  
707 North First Street  
St. Louis, Missouri 63102-2595  
(314) 982-1400

Service of process may be made upon the plan administrator

***Claims Administrator:***

Express Scripts, Inc.  
P.O. Box 66773  
St. Louis, MO 63166-9742