ATTENTION ICUBA MEMBERS

ICUBA April 1, 2017 – March 31, 2018
Prescription Medication Plan

The following is a brief overview of your pharmacy benefit. To help keep your costs low, ICUBA pays a portion of the cost, and you pay the rest.

30-Day Supply
Nationwide Pharmacy Network
You have access to more than 62,000 chain and independent pharmacies including: Costco, CVS, Publix Super Markets Inc., Walgreens, Target, The Medicine Shoppe, Walmart, Winn-Dixie Stores, Inc.

90-Day Supply
Convenient Mail Service Pharmacy
Home Delivery is an easy way to receive up to a 90-day supply of your maintenance medication delivered by mail to your door. Standard shipping is free. Orders are shipped in confidential, tamper-evident packaging from Home Delivery pharmacies. Call toll-free at (800) 763-0044.

90-Day at Retail Program
This program allows you to obtain a 90-day supply of your maintenance medication at more than 45,000 participating community pharmacies.

Out-of-Pocket Maximum
In-network Rx copays will be applied toward an individual maximum out-of-pocket of $2,000 and $4,000 for family. Once you reach your out-of-pocket maximum, your prescriptions will be paid at 100% by the plan and no cost to you ($0 copay).

Diabetic Supplies
The following prescribed diabetic supplies are covered at 100%, $0 copay: meters, lancets, lancing devices, test strips, control solution, insulin needles and syringes.

Over-The-Counter and Generic Preventive Medications
With a prescription from your physician, the following OTC and generic preventive medications are covered as part of your pharmacy benefit with $0 copay: Aspirin for adults, prenatal vitamins or folic acid for women planning or capable of pregnancy, iron supplementation, oral fluoride supplementation for children, vaccines, Vitamin D for adults, and bowel preparation agents for colorectal cancer screening.

Tobacco Cessation
Tobacco cessation medications are covered with $0 copay when you participate in coaching or counseling options through the Area Health Education Centers, BCBS telephonic coaching or Resources for Living counseling. (See flyer for more information!)

Specialty Medications
Certain medications used for treating complex health conditions (e.g. Hepatitis, HIV/AIDS, Oncology, etc.) must be obtained through Briova Specialty Pharmacy. Call Briova toll-free at (855) 4BRIOA.

OptumRx Web Portal
Find answers by visiting the OptumRx Portal thorough the single sign-on section at ICUBAbenefits.org with features designed so you can find your lowest copay, manage your Home Delivery prescriptions, keep track of your health history and more!

Health Care Advisor
If you have a question about your pharmacy benefit, call the Health Care Advisor team toll-free at (855) 811-2213, 24 hours a day, 7 days a week.

<table>
<thead>
<tr>
<th>Copayments</th>
<th>Prescription-Fill Methods*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier</td>
<td>Retail: Up to a 30-day supply</td>
</tr>
<tr>
<td>Preferred generics at the Nova Southeastern University (NSU) pharmacy</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred generics at other network pharmacies</td>
<td>$5</td>
</tr>
<tr>
<td>Non-Preferred generics</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred brands: brand-name medications on the Preferred Medication List (PML)**</td>
<td>$40</td>
</tr>
<tr>
<td>Non-preferred brands: brand-name medications not on the Preferred Medication List</td>
<td>$75</td>
</tr>
<tr>
<td>Preferred specialty at Briova Specialty Pharmacy</td>
<td>$75***</td>
</tr>
<tr>
<td>Non-preferred specialty at Briova Specialty Pharmacy</td>
<td>$75***</td>
</tr>
</tbody>
</table>

† Prior authorization may be required to ensure safe and effective use of select prescription drugs. Your physician may be asked to provide additional information to determine medical necessity.
‡ Unless medically necessary, members will be required to pay the difference in cost between a brand and generic drug if the brand is requested when a generic equivalent is available.
** The PML is a list of medications prefixed by your plan that can help you maximize your pharmacy benefit by minimizing your prescription costs. You can view the PML online by visiting optumrx.com/myoptumrx.
*** Specialty medications are limited to a 30 Day Supply. Copay Assistance Cards are acceptable to preferred specialty product.

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