



## Ameriprise Financial Prescription Drug Program 2023 Summary Plan Description

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## Overview

Prescription drug coverage is administered by Express Scripts, which is part of the Express Scripts family of pharmacies. Through the Prescription Drug Program (the “Program”), you can purchase prescription drugs at participating retail pharmacies or through the Express Scripts Pharmacy, the mail-order program. Visit [express-scripts.com](http://express-scripts.com) or call Express Scripts Member Services at 1.800.899.2796 to obtain information about the Prescription Drug Program.

### Participation

Eligibility, enrollment, when coverage begins and when coverage ends are outlined in Health & Wellness Benefits Plans Administration & Participation Summary Plan Description.

### Cost

Coverage under the Prescription Drug Program is provided at no additional cost to you if you enroll in any Ameriprise Financial Medical Plan (the “Medical Plan”) option. The cost of coverage under the Medical Plan includes coverage under the Prescription Drug Program.

## Purchasing prescription drugs

There are two ways to purchase prescription drugs through the Program:

- Participating Retail Pharmacy – for medications you need on a short-term basis. You will receive up to a 30-day supply.
- The Express Scripts Pharmacy (mail-order program) or a Walgreens Pharmacy – for long-term medications you take on a regular basis. You will receive up to a 90-day supply.

### Retail pharmacies

You can use any Participating Retail Pharmacy for medications you need right away or take for a short time only (e.g., antibiotics). Be sure to show your Express Scripts ID card to the pharmacist and pay your retail coinsurance amount for up to a 30-day supply for each prescription. You can fill a new prescription for most long-term medications (a drug you take for three months or more) at a retail pharmacy up to three times for a 30-day supply and pay your normal coinsurance. After that, you must switch to the Express Scripts Pharmacy or a Walgreens pharmacy, or you will pay double your coinsurance amount. To determine if your medication is subject to the double coinsurance amount after the third fill, please contact Express Scripts Member Services at 1.800.899.2796 or log on at [express-scripts.com](http://express-scripts.com).

Most national and regional retail pharmacies participate in the Express Scripts network for short-term (up to 30-day) supplies. Walgreens is the only pharmacy chain that allows you to fill a 90-day supply of non-specialty maintenance medications. When you have a prescription filled at a participating pharmacy, you can take advantage of the discounted network rates and typically pay less than if you have a prescription filled at a Non-Participating Pharmacy. If you choose to use a Non-Participating Pharmacy, you will pay the full cost of the prescription and then submit a reimbursement claim to Express Scripts. To obtain a claim reimbursement form, visit [Express-Scripts.com](http://Express-Scripts.com) or call Express Scripts Member Services at 1.800.899.2796. Once your claim is processed, you will be mailed the appropriate reimbursement amount. To locate participating pharmacies, visit [Express-Scripts.com](http://Express-Scripts.com), or call Express Scripts Member Services at 1.800.899.2796.

**Your Prescription Drug Program identification card**

Shortly after you enroll in the Medical Plan, you will receive a Prescription Drug Program identification card from Express Scripts. You'll need to present your ID card each time you purchase prescription drugs at a participating pharmacy. If you do not have your ID card with you, you can contact Express Scripts Member Services at 1.800.899.2796 to obtain the Ameriprise Financial group number and your identification number. This information will allow the pharmacist to process your prescription and determine the correct coinsurance amount. You will avoid paying the full cost of the prescription and the need to file a claim for reimbursement. You can also visit [Express-Scripts.com](http://Express-Scripts.com) to print a temporary ID card. However, you will need your Express Scripts identification number, which you can obtain from Express Scripts Member Services.

Please note that when you fill your prescription at a Non-Participating Pharmacy, you pay the full cost of the prescription at that time, and then you will need to submit a claim to Express Scripts for reimbursement of eligible expenses.

**The Express Scripts Pharmacy**

If you or anyone in your family takes a maintenance or long-term prescription medication on a regular basis, you can save time and money by using the Express Scripts Pharmacy. As long as your physician indicates so on the prescription, Express Scripts will send up to a 90-day supply of a long-term medication, with refills up to one year as appropriate, directly to your home. The advantages of using the Express Scripts Pharmacy include:

- Receiving up to a 90-day supply of covered medications for just one mail order coinsurance amount
- Access to registered pharmacists 24 hours a day, 7 days a week
- Refilling orders online, by phone or by mail—anytime day or night
- Choosing a convenient payment option such as credit card, check, money order or the Express Scripts automatic payment program
- Free standard shipping

You should continue to purchase short-term medications, such as antibiotics, at a Participating Retail Pharmacy where you will pay your usual retail pharmacy coinsurance amount. To determine if your medication is considered maintenance or short-term, please contact Express Scripts Member Services at 1.800.899.2796.

**How to start using the Express Scripts Pharmacy**

Remind your provider of the 90-day Prescription Drug Program benefit and ask for a 90-day prescription with refills up to one year, when appropriate. Coinsurance amounts for prescriptions for less than a 90-day supply will not be pro-rated. Mail the prescription with a completed order form and your payment to the Express Scripts Pharmacy. You can request order forms and envelopes by going online at [express-scripts.com](http://express-scripts.com) or by calling Express Scripts Member Services at 1.800.899.2796.

You may also have your doctor fax your prescriptions. Ask your doctor to call Express Scripts at 1.888.327.9791 for faxing instructions.

You can also choose to sign up for the Express Scripts Pharmacy online at [express-scripts.com](http://express-scripts.com). If you are a first-time visitor to the site, please take a moment to register. Have your member ID and prescription number available. Express Scripts will contact your doctor to transfer your current prescriptions to the Express Scripts Pharmacy.

**Accredo, Express Scripts' Specialty Pharmacy**

Some conditions, such as anemia, hepatitis C, multiple sclerosis, growth hormone deficiency and rheumatoid arthritis are treated with specialty medications. **If you use specialty medications, you must use Accredo, Express Scripts' Specialty Pharmacy to avoid paying full price for that medication.**

With the Accredo Pharmacy you will receive:

- Up to a 90-day supply of your specialty medication for just one mail order coinsurance amount. Note: for certain specialty drugs, quantities may only be available for less than 90-day supplies based on packaging, or dosing protocols.
- Access to nurses who are trained in specialty medications
- Answers to your questions about specialty medications from a pharmacist 24 hours a day, 7 days a week
- Coordination of home care and other healthcare services

To contact Accredo, Express Scripts' Specialty Pharmacy, call 1.800.803.2523.

**Preventive medications**

The Plan covers the following preventive medications at a \$0 coinsurance. To receive these medications at a \$0 coinsurance, you must have an authorized prescription for the product and it must be dispensed by a participating mail or retail pharmacy. Note: This list is subject to revision pending direction from the Affordable Care Act (ACA) preventive service guidance.

- Aspirin – an OTC product for men and women age 45 through age 79.
- Folic acid – OTC doses of 400 to 800 mcg/day through age 50
- Fluoride – a prescription product for children ages 6 months through 12 months to prevent dental cavities
- Tobacco cessation products for members age 18 and older, including some OTC and some prescription products. Quantity restrictions per year may apply.
- Contraceptives – generics and single source and multisource brands (DAW1)
- Bowel Preparation Agents – generics and single source brands (Men and women: age 50 through age 75); Fill Limit: 2 prescriptions per 365 days
- Breast Cancer Prevention prescriptions – 35 years of age or older
- Low- to moderate-dose statins – Men and women; 40 years of age through age 75
- Vaccines – includes immunizations recommended by the CDC and the ACIP (Advisory Committee on Immunization Practices)
- HIV – coverage of medications prescribed for pre-exposure prophylaxis (PrEP) of human immunodeficiency virus infection (HIV)
- COVID-19 vaccine

### Refilling your mail-order prescriptions

To refill your mail-order prescriptions, you will need to reorder on or after the date indicated on the refill slip accompanying the mail order medication or on the date listed on the medication container. The refill date is generally based on a calculation that 75% of the medication will have been used. However, additional system checks will evaluate the “days of medication on hand” based on prior prescription history. The refill date may be later if the system checks show there is greater than 30 days of medication on hand. Assuming the refill is authorized, and depending on the type of drug, it may be refilled up to one year after the date it was written. You may order refills in one of three ways:

- **Online**—visit the Express Scripts web site at [express-scripts.com](http://express-scripts.com). If you are a first-time visitor, you will need to activate your account by registering with your Express Scripts ID number (shown on your Express Scripts ID card) and your prescription number from the refill slip. If you are already registered, log onto [express-scripts.com](http://express-scripts.com) and under the *Prescription & benefits* tab, click on *Order prescriptions*.
- **By telephone**—call Express Scripts Member Services at 1.800.899.2796 and use the automated phone service by following the prompts to request a refill. Have your Express Scripts ID number, your refill slip with the prescription number and your credit card information available.
- **By mail**—send the refill and order forms (provided with your medication) along with your coinsurance to Express Scripts, Inc., PO Box 66546, St. Louis, MO 63133-6564.
- **By mobile app**—Download the Express Scripts mobile app for free from your phone’s app store and select Register.

### Receiving your medication

Your medication usually will be delivered within 5 to 7 days for a refill and 10 to 12 days for a new prescription after Express Scripts receives your order. If you are currently taking a medication, be sure to have at least a 14-day supply on hand when ordering. If you don’t have enough, ask your doctor to give you a second prescription for a 30-day supply and fill it at a Participating Retail Pharmacy while your mail-order prescription is being processed.

Overnight or second-day delivery may be available in your area for an additional charge. Your mail-order prescription will include instructions for refills, if applicable. Your package will also include information about the purpose of the medication, correct dosages and other important details.

Please note that federal law prohibits the return of dispensed controlled substances.

Prescription orders may be refilled for up to 12 months after issuance. Some prescriptions may be limited to six months or may be limited to seven days, as required by state and/or federal law.

## Medications preferred by the Prescription Drug Program

The Prescription Drug Program includes a list of prescription drugs that are preferred because they help to control rising prescription drug costs. This list, sometimes called a formulary, has a wide selection of Generic and Brand-Name Drug medications. The Preferred Drug List is reviewed and updated regularly by Express Scripts’ Pharmacy and Therapeutics Committee to ensure that it includes a wide range of effective generic and brand-name prescription drugs. The list is continually revised as the drug market changes. Medications can be added to the formulary at any time during the year. Changes from Preferred to Non-Preferred or to excluded status can be made on a quarterly basis. Drugs that are excluded from the formulary are not covered under the Program unless approved in advance through a formulary exception process managed by Express Scripts on the basis that the drug requested is (1) medically necessary and essential to the member’s health and safety and/or (2) all

formulary drugs comparable to the excluded drug have been tried by the member. If approved through that process, the applicable formulary coinsurance would apply for the approved drug based on the Program's cost share structure. Absent such approval, members selecting drugs excluded from the formulary will be required to pay the full cost of the drug without any reimbursement under the Program. If the member's physician believes that an excluded drug meets the requirements described above, the physician should take the necessary steps to initiate a formulary exception review.

Ameriprise Financial prescription drug coverage includes four categories:

- **Generic prescription drugs** are the most affordable way for you to obtain your prescriptions. The Food and Drug Administration (FDA) ensures that Generic Drugs meet the same standards for safety and effectiveness as their brand-name equivalents. The brand name is simply the trade name used by the pharmaceutical manufacturer to advertise the prescription drug. In the U.S., trademark laws do not allow a Generic Drug to look exactly like the Brand-Name Drug. Although colors, flavors and certain inactive ingredients may be different, Generic Drugs must contain the same active ingredients as the Brand-Name Drug.
- **Preferred Brand-Name Drugs** are prescription drugs on the Ameriprise Financial Prescription Drug Program Preferred Drug List. These medications may or may not have generic equivalents available.
- **Non-Preferred Brand-Name Drugs** are Brand-Name Prescription Drugs that are not on the Preferred Drug List. These drugs have effective and less costly generic equivalents available or therapeutically equivalent Brand-Name Drugs on the Preferred Drug List. When you purchase a Non-Preferred Brand-Name Drug, your cost often will be greater than if you purchased an equivalent Generic or Brand-Name Preferred Prescription Drug. However, these drugs are still covered under the Ameriprise Financial Prescription Drug Program, and you will pay less out of your pocket, compared to the full retail costs.
- **Non-Preferred, Non-Covered Brand-Name Drugs** are drugs not on the Preferred Drug List and are not covered under the Ameriprise Financial Prescription Drug Program. **Drugs that are excluded from the Plan's formulary are not covered under the Program unless approved in advance through a formulary exception process managed by Express Scripts on the basis that the drug requested is (1) medically necessary and essential to the covered person's health and safety and/or (2) all formulary drugs comparable to the excluded drug have been tried by the covered person.**

Note: You will pay more if you use a Brand-Name Drug when a generic equivalent is available. You'll pay the generic coinsurance amount plus the difference in cost between the Brand-Name and Generic Drug, even if your doctor requests a Brand-Name Drug. Standard pharmacy practice, and in some states required by law, is to substitute generic equivalents for Brand-Name Drugs whenever possible.

## Prescription Drug Program at a glance

This chart shows your cost for purchasing prescription drugs at participating pharmacies, and through the Express Scripts Pharmacy. If you are enrolled in the PPO with a Health Savings Account (HSA), you must first meet your deductible before the following coverage applies, unless you are purchasing a prescribed preventive medication and/or product listed on page 3.

Type of drug	Participating Retail Pharmacy		Express Scripts Mail Order and Walgreens Pharmacy*
	Type of medication (up to a 30-day supply)	Type of medication (up to a 30-day supply)	(up to a 90-day supply)
	<ul style="list-style-type: none"> <li>Non-specialty medications</li> <li>Short-term</li> <li>Long-term: first three purchases</li> </ul>	<ul style="list-style-type: none"> <li>Non-specialty medications</li> <li>Long-term: Fourth purchase and all subsequent purchases</li> </ul>	
Generic Drugs	10% coinsurance (\$15 minimum / \$35 maximum)	20% coinsurance (\$30 minimum / \$70 maximum)	10% coinsurance (\$35 minimum / \$60 maximum)
Preferred Brand-Name Drugs	25% coinsurance (\$35 minimum / \$60 maximum)	50% coinsurance (\$70 minimum / \$120 maximum)	25% coinsurance (\$75 minimum / \$150 maximum)
Non-preferred Brand-Name Drugs	45% coinsurance (\$60 minimum / \$125 maximum)	90% coinsurance (\$120 minimum / \$250 maximum)	\$45% coinsurance (\$150 minimum / \$250 maximum)
Discounted non-covered drugs	100% of the discounted price	100% of the discounted price	100% of the discounted price

Out-of-pocket Maximum	Premium PPO	Basic PPO	PPO w/HSA
Individual	\$2,000	\$2,000	Included in Medical
Family	\$4,000	\$4,000	

\*90-day supply at Walgreens available only for non-specialty medications.

- For specialty medications, you are allowed one retail fill prior to moving to the Accredo Specialty Pharmacy for subsequent fills. If you decide to remain at retail, you will be charged the full price of that specialty medication.
- You will pay more if you use a Brand-Name Drug when a generic equivalent is available. You'll pay the generic coinsurance amount plus the difference in cost between the Brand-Name and Generic Drug, even if your doctor requests a Brand-Name Drug.
- No exceptions can be made to the coinsurance amount, even if your doctor requests an exception. If you receive a Non-Preferred Drug, you will pay the non-preferred coinsurance amount.
- To determine if your long-term medication is subject to the double coinsurance amount after the third fill, please contact Express Scripts Member Services at 1.800.899.2796.
- No non-participating mail-order benefit is available. All mail-order prescriptions must be filled through the Express Scripts Pharmacy.
- Infertility drugs under the Ameriprise Financial Prescription Drug Program are subject to a \$10,000 Lifetime Maximum per covered member.



The Plan is implementing a specialty co-pay assistance program called SaveOnSP. Certain specialty pharmacy drugs are considered non-essential health benefits under the Plan and the cost of such drugs will not be applied toward satisfying a participant's out-of-pocket maximum. Although the cost of the Program drugs will not be applied toward satisfying a participant's out-of-pocket maximum, the cost of the Program drugs will be reimbursed by the manufacturer at no cost to the participant. Co-pays for certain specialty medications may be set to the max of the current Plan design or any available manufacturer-funded co-pay assistance.

If you have additional questions about your prescription drug benefits, visit [express-scripts.com](http://express-scripts.com) or the mobile app to:

- Review Program highlights and get health and wellness information.
- Compare Brand-Name and Generic Drug prices
- Obtain order forms, claim forms and envelopes
- Submit mail-order prescriptions and refills
- Check the status of the Express Scripts Pharmacy orders
- Check and pay mail-order account balances

Or call Express Scripts Member Services at 1.800.899.2796 to obtain information about the Prescription Drug Program.

## Covered Prescription Drugs

The following medications are covered under the Prescription Drug Program. However, some covered drugs are limited in the amount that may be dispensed at any one time, by the age of the person receiving the covered drug and/or unless prior approval is obtained by Express Scripts.

- Drugs that require a prescription by law, subject to the exceptions listed below
- Compounded medications – see prescription drugs that are not covered for exclusions
- Insulin, insulin pen, insulin pre-filled syringes, needles and syringes for self-administered injections
- Diabetic test strips and reagents, lancets
- Oral contraceptives, Intravaginal, injectable contraceptives and patch contraceptives
- Vitamins requiring a prescription
- Fertility medications (Lifetime Maximum applies)

NOTE: For compound drugs to be covered under the Program, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs must not contain any ingredient on a list of excluded ingredients. That list may be obtained from Express Scripts. Furthermore, the cost of the compound must be determined by Express Scripts to be reasonable. If the cost of any ingredient has increased more than 5% every other week or more than 10% annually, the cost will not be considered reasonable. Any denial of coverage of a compound drug may be appealed in the same manner as any other drug claim denial under the Program.

This list is subject to change. To confirm if a drug is covered, subject to dispensing limits, age limits or other coverage review processes, go to [express-scripts.com](http://express-scripts.com) or call Express Scripts Member Services at 1.800.899.2796.

Note: Express Scripts continually monitors new prescriptions and reviews new clinical studies. Therefore, the list of covered drugs, non-covered drugs and coverage management programs and processes are subject to change. As new drugs become available, they will be considered for coverage under the Ameriprise Financial Prescription Drug Program as they are introduced. The Company will review recommendations by Express Scripts to determine possible coverage as well as any coverage limitations or restrictions.

## The coverage review process

If you are prescribed a medication requiring a coverage review, here is what you can expect:

- At a retail pharmacy, your pharmacist will tell you that a review is necessary. Your doctor can start the pre-approval process by calling 1.800.753.2851, 24 hours a day, 7 days a week (except Thanksgiving and Christmas).
- The review normally takes two business days after Express Scripts receives the necessary information.
- If coverage is approved, you pay your normal coinsurance or co-payment amount.
- If coverage is denied and you still want to fill the prescription, you must pay the full cost of the medication. You will be sent information on how to appeal this decision.
- If coverage is denied, the prescription will be returned to you. If a coverage review is not available, and coverage is denied, you may appeal this decision.
- An Express Scripts pharmacist will initiate the coverage review process for prescriptions submitted to the Express Scripts Pharmacy.

This list is subject to change. To determine if your medication is subject to a coverage review, please contact Express Scripts Member Services at 1.800.899.2796, [express-scripts.com](https://www.express-scripts.com) or the mobile app.

## Dispensing quantity limits

Certain medications are limited to specific quantities or specific time periods per coinsurance amount. If you fill a prescription that exceeds the quantity allowed, you can ask your doctor to start a coverage review (if available) or pay an additional coinsurance for the extra medication.

To determine if your medication is subject to a dispensing quantity limit, please contact Express Scripts Member Services at 1.800.899.2796, [express-scripts.com](https://www.express-scripts.com) or the mobile app.

## Prior authorization of certain Prescription Drugs

For certain medications, you are required to obtain pre-approval, or prior authorization, in order to qualify for coverage. This process allows Express Scripts to gather information not available on your prescription.

To determine if your medication is subject to pre-approval, please contact Express Scripts Member Services at 1.800.899.2796, [express-scripts.com](https://www.express-scripts.com) or the mobile app.

## Step Therapy

Step Therapy is a program that promotes generic and preferred brand medications (within certain drug categories) as first line therapy. Therapeutically equivalent generic or preferred brands are required before Non-Preferred Drugs unless the physician provides clinical support for the Non-Preferred Drug via a coverage review process.

To determine if your medication is subject to pre-approval requirements, please contact 1-800-899-2796, [express-scripts.com](https://www.express-scripts.com) or the mobile app.

## Prescription Drugs that are not covered

The following prescription drugs are not covered under the Prescription Drug Program, even if prescribed by your doctor:

- Allergy sera or allergens
- Blood or blood plasma
- Charges for the administration or injection of any drug
- Compounded drugs – For compound drugs to be covered under the Program, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs must not contain any ingredient on a list of excluded ingredients.
- Contraceptive devices
- Drugs obtained by unauthorized, fraudulent, abusive or improper use of the ID card
- Drugs purchased after your or your dependents date of termination of coverage under the Prescription Drug Program
- Drugs that are considered cosmetic agents
- Drugs that treat hair loss or thinning hair
- Drugs that may be covered under any present or future local, state or federal programs, including Worker's Compensation or Occupational Disease Law or any State or Governmental Agency, or medication furnished by any other drug or medical service for which no charge is made to the member
- Drugs that are not approved for the diagnosis for which they have been prescribed or whose intended use is illegal, unethical, imprudent, abusive or otherwise improper
- Drugs used solely for cosmetic purposes
- Early refills – an early refill is allowed in case of emergency (e.g., lost medication, traveling abroad). Up to a 30-day supply at retail and up to a 90-day supply at mail limit are applied to emergency refills. For travel abroad for more than 90 days, you will need to contact Express Scripts Member Services at 1.800.899.2796.
- Infertility drugs above the Lifetime Maximum amount of \$10,000
- Investigational/experimental drugs
- Medication, legend or not, and any charge associated with its administration that is to be consumed by or administered to you or your dependents, in whole or in part, while in a doctor's office, hospital, extended care facility, nursing home or similar institution
- Medications excluded from the formulary are not covered unless clinical criteria is submitted by prescribing physician and approved by Express Scripts.
- Medications used to enhance athletic performance
- Non-sedating antihistamines (such as Clarinex, Clarinex-D, fexofenadine, Allegra-D, and Xyzal)
- Nutritional supplements or dietary supplements or replacements
- Ostomy supplies
- Over-the-counter drugs--medicines or drugs that can be obtained without prescriptions, including vitamins and minerals
- Prescriptions dispensed after one year from the original date of issue
- Prescription drugs that are not medically necessary
- Refilling of a prescription in excess of the number specified or any refill dispensed after one year from the order of a physician or dentist
- Replacement of prescription drugs due to loss, damage or theft
- Therapeutic devices, appliances and durable medical equipment, including glucose monitors
- Topical antifungal polishes

- Vitamins, if a prescription is not required

This list is subject to change. Also, certain prescription drugs not covered under the Program are available at a discount if purchased through a network pharmacy or through the Express Scripts Pharmacy. To determine your cost for a discounted non-covered medication, try the *Price a medication* feature on [express-scripts.com](http://express-scripts.com) or contact Express Scripts Member Services at 1.800.899.2796.

## Out-of-pocket maximums and Lifetime Maximums

The out-of-pocket maximum for prescription drug coinsurance amounts is \$2,000 for individual and \$4,000 for family. Coinsurance amounts under the Prescription Drug Program do not apply to your Medical Plan out-of-pocket maximum. A Lifetime Maximum of \$10,000 per member applies to infertility medications. The Lifetime Maximum for infertility medications does not apply to your Lifetime Maximum for infertility procedures covered under the Medical Plan. If you were a participant in the American Express Prescription Drug Program on the date of the spin-off of Ameriprise Financial, Inc. from American Express Company, a new \$10,000 Lifetime Maximum for infertility medications applies to you under the Ameriprise Financial Prescription Drug Program.

The above applies to the Basic and Premium PPO plan options only. If you are enrolled in the PPO with HSA, please see your Medical Plan Summary Plan Description for information about the out-of-pocket maximums and deductibles that apply to your Plan option.

### Coordination of benefits

The Prescription Drug Program does not include a coordination of benefits (COB) provision. This means that payments from this Company benefit are not coordinated with those you are entitled to receive from other plans. Also, if you or a covered dependent are covered under the Program and Medicaid or other similar state program for prescription drugs, in most instances this Program is your primary drug coverage. You should purchase your prescription drugs using your Express Scripts ID card and submit out-of-pocket coinsurance expenses as directed by Medicaid or other similar state programs. Because the Ameriprise Financial Prescription Drug Program does not have a coordination of benefits provision, you may not submit claims to Express Scripts for reimbursement after any other payor has paid primary or has made the initial payment for the covered drugs.

## Filing a claim

When you have your prescription filled at a retail pharmacy, there are no claim forms to complete. Simply present your ID card at the time of purchase along with your coinsurance amount.

When you use a Non-Participating Pharmacy, you must pay the pharmacist the full amount for the prescription and then submit a claim to Express Scripts for processing. After your claim is processed you will be reimbursed according to the Prescription Drug Benefits chart, less your applicable coinsurance amount. To obtain a claim form for reimbursement, visit [express-scripts.com](http://express-scripts.com) or call Express Scripts Member Services at 1.800.899.2796.

## Filing an appeal

### Pre-service claims

In the event you receive an adverse benefit determination following a request for coverage of a prescription benefit claim, you have the right to appeal the adverse benefit determination in writing within 180 days 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, PO Box 66587 St. Louis, MO 63166-6587 ATTN: Administrative Appeals Department 1-800-946-3979. 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 Program in relation to your appeal, the Program 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.

If you are not satisfied with the coverage decision made on appeal, you may request in writing, within 90 days 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, PO Box 66587 St. Louis, MO 63166-6587 ATTN: Administrative Appeals Department 1-800-946-3979. 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 days 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 Program in relation to your appeal, the Program 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.

If your second level appeal is denied and you are not satisfied with the decision of the second level appeal you 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 1.800.864.1135 or send a written request to Express Scripts, Inc., PO Box 66587 St. Louis, MO 63166-6587 ATTN: Administrative Appeals Department 1-800-946-3979 Attn: Urgent Appeals. 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.

If your appeal is denied 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.

#### **Post-service claims**

Your Program provides for reimbursement of prescriptions when you pay 100% of the prescription price at the time of purchase. This claim will be processed based on your Program benefit. To request reimbursement, send your claim to Express Scripts, Inc., P.O. Box 14711, Lexington, KY 40512. If your claim is denied, you will receive a written notice within 30 days of receipt of the claim, as long as all needed information was provided with the claim. You will be notified within this 30-day period if additional information is needed to process the claim, and a one-time extension not longer than 15 days may be requested and your claim pended until all information is received. Once notified of the extension, you then have 45 days to provide this information. If all of the needed information is received within the 45-day time frame and the claim is denied, you will be notified of the denial within 15 days after the information is received. If you don't provide the needed information within the 45-day period, your claim will be deemed denied.

If you are not satisfied with the decision regarding your benefit coverage or your claim is deemed denied, you have the right to appeal this decision in writing within 180 days of receipt of notice of the initial decision. To initiate an appeal for coverage, you or your authorized representative (such as your physician), must provide in writing your name, member ID, phone number, the prescription drug for which benefit coverage has been reduced or 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, PO Box 66587 St. Louis, MO 63166-6587 ATTN: Administrative Appeals Department 1-800-946-3979.

A decision regarding your appeal will be sent to you within 30 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 Program in relation to your appeal, the Program provision 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.

If you are not satisfied with the coverage decision made on appeal, you may request in writing, within 90 days of receipt 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 reduced or 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 our appeal. This information should be mailed to Express Scripts, PO Box 66587 St. Louis, MO 63166-6587 ATTN: Administrative Appeals Department 1-800-946-3979. 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 30 days of receipt of your written request for 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 Program in relation to your appeal, the Program 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.

If your second level appeal is denied and you are not satisfied with the decision of the second level appeal 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.

#### **Limitation of action**

You cannot bring any legal action under section 502(a) of the Employee Retirement Income Security Act of 1974 ERISA unless you first complete all the steps in the pre-service or post-service claims appeal process described in this section. After completing the process, if you want to bring a civil action, you must do so within three years of the date you are notified of the final decision on your appeal or you lose any rights to bring such an action.

## **Other things you should know**

#### **Protecting your safety**

The risks associated with drug-to-drug interactions and drug allergies can be very serious. To protect your safety—whether you use the Express Scripts Pharmacy or a Participating Retail Pharmacy—Express Scripts checks for potential interactions and allergies. Express Scripts also sends this information electronically to participating retail pharmacies.

**Express Scripts may contact your provider about your prescription**

If you are prescribed a drug that is not on the Preferred Drug List, yet an alternative Program-preferred drug exists, Express Scripts may contact your doctor to ask whether that drug would be appropriate for you. However, your doctor will always make the final decision on all your medications. If your doctor agrees to use a Program-preferred drug, you will never pay more and usually pay less.

**Health programs**

Based on your prescription information, Express Scripts may invite you to participate in one or more health education programs. These programs provide educational information about chronic conditions to help you better manage your health. The programs provide information in the mail, along with clinical support through a toll-free hotline, and access to helpful tools and content on [express-scripts.com](http://express-scripts.com). The programs are voluntary, and Ameriprise Financial makes them available at no cost to you.

**Rebates applied to cost of Prescription Drug Program**

Drug manufacturers sometimes offer rebates to prescription drug programs, and the Ameriprise Financial Prescription Drug Program may receive such rebates. Any rebates received will be retained and applied to the cost of providing and administering the Prescription Drug Program. The rebates will not be applied to specific member claims and will not be considered when determining member coinsurance amounts or out-of-pocket amounts.

## Glossary

**Brand-Name Drug** — A drug which is protected by a patent for a period of time. The drug may or may not have a generic equivalent.

**Generic Drug** — A drug that is identical to a brand-name drug in its composition, purity and quality. Generic drugs are produced after the manufacturer's patent on the Brand-Name Drug has expired.

**Lifetime Maximum** — The combined total amount covered under the Program for the duration of time you are covered under the Program.

**Express Scripts's Pharmacy and Therapeutics Committee** — A committee of independent doctors, medical directors and pharmacists who review the Preferred Drug List.

**Non-Participating Pharmacy** — A retail pharmacy that does not participate with Express Scripts. You pay for the drug in full and submit a claim to Express Scripts for reimbursement. You'll also typically pay more for the same drug than if you used a participating pharmacy.

**Non-Preferred Drug** — Brand-name prescription drug not on the Program Preferred Drug List.

**Participating Retail Pharmacy** — A retail pharmacy that participates with Express Scripts and accepts your Express Scripts ID card. You pay only the appropriate coinsurance at the time of purchase.

**Preferred Drug List** — An extensive list of safe and effective drugs, developed under the guidance of Express Scripts's Pharmacy and Therapeutics Committee.