

2019 – 2020 Pharmacy Benefits



An overview of the Pharmacy benefits offered to you as a Centura Health associate



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This guide is intended to provide you with a general overview of your pharmacy benefits. Please read this guide to be sure you are maximizing your pharmacy benefits! Contact the Centura Health Benefits Service Center at 1-844-201-4948 if you have questions about the benefits described in this guide.

Pharmacy Benefits

ClearScript, a national pharmacy benefit manager, is Centura Health's partner in the administration of your pharmacy benefit. Our goal is to offer you convenient access to your prescription medications, with outstanding service and the best health outcomes for you and your family.

Eligibility

Full-time and part-time associates budgeted to work at least 20 hours per week are eligible to participate in Centura Health's benefit plans. Nonbenefit-eligible associates, who on average worked 30 hours or more per week based on the Affordable Care Act (ACA) look-back period guidelines, are eligible to participate in the medical, dental and vision benefit plans.

A married couple working for this company may not receive duplicate coverage and cannot provide duplicate coverage to any shared dependent children. An associate's dependent child who works for this company may not receive duplicate coverage.

You may enroll your eligible dependents if you are also covered under the plan.

Eligible dependents include:

- Your spouse, including your common-law spouse;
- Your civil union partner as recognized under Colorado law;
- Your child from birth, stepchild or legally adopted child (from moment of placement in the home), or child of whom you have legal custody, until, in each case, the end of the month in which the child turns age 26; or
- Your child over age 26 who is:
 - Mentally or physically disabled and unable to earn his or her own living and is dependent on you for a majority of support. Proof of incapacity must be provided to UnitedHealthcare within 31 days of the date the child's coverage would have ended due to age. The child must be covered under the plan on the date prior to the day coverage would have ended due to age except during an open enrollment period.

Your pharmacy benefits coverage

Centura Health offers you and your eligible dependents convenient access to a wide selection of generic and brand medications on the formulary. You and your provider can use the formulary to determine the medications that offer the best clinical and cost value.

The Centura Health Formulary is divided into "tiers" that determine how much you pay for your medications. To determine coverage and pricing for a specific drug with your copay or coinsurance applied, visit ClearScript.org/CenturaHealth, create a member account or log in to your

existing account, and select "Price a drug." See page 8 for more information on creating an account.

Once logged in, you can also click on "Formulary Look Up for Centura Health" to find a drug's formulary tier.

Note: Not all medications on the Formulary are covered by your pharmacy benefit. Additions and changes to the formulary may occur throughout the year.

Your prescription copay or coinsurance is outlined in the chart below.

SUMMARY OF PHARMACY BENEFITS	CVP		HRA		HSA	
	Centura Health Pharmacy	ClearScript Network Pharmacy	Centura Health Pharmacy	ClearScript Network Pharmacy	Centura Health Pharmacy	ClearScript Network Pharmacy
Retail	30/90-Day Supply	30/90-Day Supply	30/90-Day Supply	30/90-Day Supply	30/90-Day Supply	30/90-Day Supply
Generic (Tiers 1 & 2)	\$10/\$25	\$20/\$60	\$10/\$25	\$20/\$60	20% after ded.	50% after ded.
Preferred Brand	\$30/\$75	\$50/\$150	\$40/\$100	\$60/\$180	20% after ded.	50% after ded.
Non-Preferred Brand	\$60/\$150	\$80/\$240	\$80/\$200	\$100/\$300	20% after ded.	50% after ded.
Specialty						
Generic/Preferred Brand (Tiers 5 & 6)	10% (\$100 max)	N/A	20% (\$200 max)	N/A	20% after ded.	N/A
Non-Preferred Brand	10% (\$200 max)	N/A	20% (\$300 max)	N/A	20% after ded.	N/A
Mail Order						
	90-Day Supply		90-Day Supply		90-Day Supply	
Generic (Tiers 1 & 2)	\$25	N/A	\$25	N/A	20% after ded.	N/A
Preferred Brand	\$75	N/A	\$100	N/A	20% after ded.	N/A
Non-Preferred Brand	\$150	N/A	\$200	N/A	20% after ded.	N/A

Deductibles

If you are enrolled in the HRA or CVP plans, you do not have a pharmacy benefit deductible.

If you are on the HSA plan, your covered medical and pharmacy expenses apply to your annual deductible. This means you are responsible for paying 100% of your pharmacy expenses until you reach your deductible amount. Once you meet your deductible, you are responsible for only your coinsurance until you reach your maximum out-of-pocket limit.

HRA Plan			
	Associate	Associate +1	Associate +Family
Maximum Out-Of-Pocket	\$3,500	\$7,000	\$10,500

Centura Value Plan			
	Associate	Associate +1	Associate +Family
Maximum Out-Of-Pocket	\$3,500	\$7,000	\$10,500

HSA Plan		
	Associate	Associate +Family
Maximum Out-Of-Pocket	\$3,000	\$6,000
Deductible	\$1,500	\$3,000

Out-of-pocket maximums

Your covered out-of-pocket costs for medical and pharmacy expenses are combined in calculating when you meet your out-of-pocket maximum. The maximum out-of-pocket limit is the most you will pay during the coverage period for pharmacy benefits. Once you have reached the maximum out-of-pocket limit, the pharmacy benefit pays 100% of your covered expenses.

For the HSA plan, your deductible dollars apply to your maximum out-of-pocket limit.

Prior authorizations

For some medications, the pharmacy benefit requires you to get prior approval (prior authorization) before coverage is provided. These medications have been reviewed by a committee that considers nationally accepted treatment protocols, medical literature, and U.S. Food and Drug (FDA)-approved labeling in recommending prior authorization for a particular drug.

Prescriptions Requiring Prior Authorization

To request a new prior authorization or to renew a prior authorization, you or your provider can begin the process by downloading the Authorization Request Form found at www.clearscript.org/CenturaHealth or by contacting our Prior Authorization Service Center at 1-844-201-4948. Our Customer Service Representative will work with your provider to gather the information needed to determine if the prior authorization is approved.

Step therapy

The goal of Step Therapy is to promote cost-effective drug therapy based on clinically accepted treatment guidelines and medical literature.

For medications requiring Step Therapy, you are required to try a “first step” medication before a “second step” medication will be covered.

If the first step medication is determined to be inappropriate or ineffective for your treatment, your doctor can request a prior authorization for a second step medication. A clinical review is performed to determine coverage.

Quantity limits

For some medications, there is a limit on the quantity of a drug that can be dispensed for a particular period of time. A quantity limit determines the amount of medication that is covered by your pharmacy benefit for one copay.

If you refill a prescription too soon or if you submit a prescription for an amount greater than the recommended guidelines, the pharmacy can fill the prescription only up to the quantity limit.

The goal of the Quantity Limit program is to promote cost Pharmacy Benefits | Centura Health



effective use of medications based on FDA-approved dosing guidelines, medical literature and other factors. These limits are revised on an ongoing basis as clinical information changes and new guidelines and standards of care are updated.

For specific information about your pharmacy benefit coverage, please refer to your Summary Plan Description.

ID cards

You will receive a pharmacy ID card with the Centura Health logo on it. This card will be used separate from your UnitedHealthcare Medical Plan card—do not discard it.

To have your prescription filled, simply present your prescription and your pharmacy benefit card to the pharmacist when filling your prescriptions. The pharmacist enters your information into their system to process your claim and collect your copayment, deductible or coinsurance.

Only your Centura Health pharmacy benefit card can be used to fill your prescriptions—your medical benefit card will not provide the information needed to process your pharmacy claims.

Where to fill your prescriptions

Centura Health Pharmacies

You and your covered family members are encouraged to fill your prescriptions at pharmacies in the Centura Health Pharmacy Services network. Some advantages include:

- Your pharmacy benefit offers you lower copays or coinsurance when filling prescriptions at pharmacies in the Centura Health Pharmacy Services network versus other pharmacies in the ClearScript network, potentially saving you money.
- For your convenience, many of our hospital campuses have Centura Health retail pharmacies on site that make deliveries to locations throughout our system. Centura Health pharmacies and other pharmacies in the Centura Health Pharmacy Services network include:

Denver Metro locations

Centura Health Pharmacy at Porter Adventist Hospital

2535 S. Downing St. #G-10
Denver, CO 80210
Phone: 303-778-2427
Fax: 303-778-2408

Colorado Springs location

Centura Health Pharmacy at Penrose Hospital

2222 North Nevada
Colorado Springs, CO 80907
Phone: 719-776-5486
Fax: 719-776-2493

Kansas location

Centura Health Pharmacy at St. Catherine Hospital

311 E. Spruce St.
Garden City, KS 67846
Phone: 620-271-3125
Fax: 620-271-3140

Centura Health Pharmacy at St. Anthony Hospital

11600 W. 2nd Place
Lakewood, CO 80228
Phone: 720-321-8290
Fax: 720-321-8291

Westminster location

Centura Health Pharmacy at St. Anthony North Health Campus

14300 Orchard Parkway
Westminster, CO 80023
Phone: 720-627-0090
Fax: 720-627-0091

Pueblo location

Centura Health Pharmacy at St. Mary-Corwin Medical Center

1925 E. Orman Ave. #102
Pueblo, CO 81004
Phone: 719-557-5676
Fax: 719-557-4767

Durango location

Centura Health Pharmacy at Mercy Regional Medical Center

1010 Three Springs Blvd.
Durango, CO 81301
Phone: 970-764-1745
Fax: 970-764-1749

Centura Health Pharmacy Services - Specialty/Mail Order Pharmacy

2551 W. 84th Ave.
Westminster, CO 80031
Phone: 303-426-2360
Fax: 303-426-2365

Expanding coverage to our Kansas facilities

A Centura Health Retail Pharmacy will open at St. Catherine Hospital by summer 2019. Until this pharmacy opens, we have partnered with the following retail location to cover prescriptions at the Centura Health Retail Pharmacy price.

Grant County Drug

219 N. Main St.
Ulysses, KS 67880

ClearScript Network Pharmacies

Your pharmacy benefit also offers you the convenience of filling your prescriptions for up to a 90-day supply at any pharmacy included in the ClearScript network. You can find a participating pharmacy by using the Pharmacy Locator feature found on www.ClearScript.org/CenturaHealth or by contacting our customer service center at 1-844-201-4948.

Mail order

Centura Health Pharmacy Services is your designated provider for delivery of medications you take on an ongoing basis. You can receive up to a 90-day supply by mail.

Specialty Pharmacy

If you take a specialty medication, your pharmacy benefit requires you to fill your prescription through Centura Health Pharmacy Services.

Centura Health Pharmacy Services

2551 W. 84th Ave.
Westminster, CO 80031

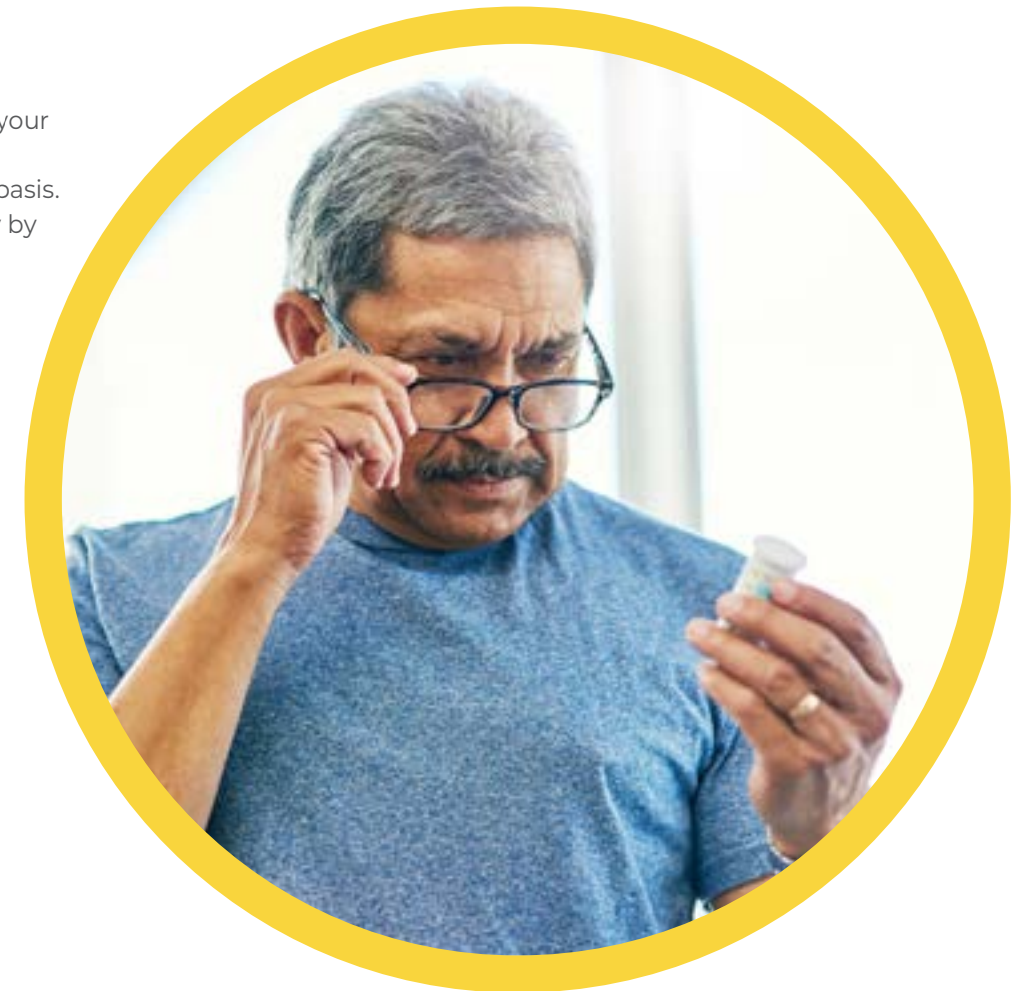
877-775-7863 (toll free)
303-426-2360 (local)
303-426-2365 (fax)
Monday – Friday 8:30am – 5:00pm (MDT) /
9:30am – 6:00pm (CT)
Saturday and Sunday – closed

To get started

You can get started either with delivery service or with filling a new specialty medication prescription by contacting Centura Health Pharmacy Services.

A representative will work with you, your provider or your current pharmacy to fill or move your prescriptions to Centura Health Pharmacy Services.

If you are prescribed a medication that cannot be filled through Centura Health Pharmacy Services, a Centura Health Pharmacist will help you locate a qualified pharmacy in the ClearScript network.



Online services

You can access information about your pharmacy benefit online at ClearScript.org/CenturaHealth including:

Plan overview—Detailed information on your pharmacy benefit. Find answers to frequently asked questions and where to go with questions.

Formulary guide—Access our drug search tool to find a drug's formulary tier and if Step Therapy, Quantity Limits and Prior Authorization apply. Note: Not all drugs on the formulary are covered by your pharmacy benefit. Log in to your member account for coverage and pricing information.

Pharmacy locator—Find a network pharmacy by zip code or city and get directions.

Specialty Pharmacy—Contact information on the specialty pharmacy program.

Mail service—Contact information on the mail service program.

Information via log-in only

You can create an account to view information about your specific pharmacy benefit and personal prescription claim history. Follow the online instructions to create an account and set up your User ID and password. You will need information on your pharmacy benefit ID card to complete the registration process.

Once your account is created, you have access to:

Claim Search—You can view your prescription claims history and sort claim parameters for different views.

Drug Pricing—You are able to search for a drug to determine coverage and pricing with your copay or coinsurance applied.



This tool most accurately reflects what you would pay for a prescription at the pharmacy. You can also perform price comparisons between multiple pharmacies to help you understand where you can save on your prescription drugs.

Drug Information Center—You can access a Drug Dictionary, containing Drug Name and Condition Name searches. You can also find information about drug interactions through a drug look-up tool.

Note: To protect personal health information for all members, each member will need to sign up for a password – you can only access your own prescription information.

Frequently asked questions

Q: If I have questions about my prescription, can I speak with a pharmacist?

A: The pharmacist filling your prescription can answer your questions about the prescription being filled.

Q. Does my doctor decide if I should use a generic or brand medication?

A: You and your doctor make the final determination about whether to use a brand name drug or generic medication. However, you may have lower out-of-pocket costs if you are prescribed a generic. To help you save money, ask your doctor or pharmacist if there is a lower cost generic that would be appropriate to treat your condition.

Q: What can I do if I want to appeal a benefit decision?

A: If you have a concern about a benefit decision, you can contact our Member Service Center at 1-844-201-4948 (24 hours a day, 7 days a week) to discuss the issue with a Client Service Representative. If your concern is not resolved, you have the right to file an appeal. Please refer to your Summary Plan Document for information on your Rights of Appeal, how to file an appeal, the appeal process and the appeals levels available to you.

If you decide to file an appeal, you will be asked to provide written information to support your claim. The appeal will be reviewed by different individuals than those who made the original decision.

You can file an appeal by sending a written request to:

ClearScript Clinical Review

2550 University Ave. West, Suite 320N
St. Paul, MN 55114
Fax: 844-857-7374

Administrative Information

Plan administrator

ClearScript
2550 University Avenue West, Suite 320N
St. Paul, MN 55114

When coverage begins

If you enroll in a Centura Health Plan during open enrollment, your coverage will begin on July 1, 2019. As a new hire, your coverage will begin on the first day of the month after 30 days of active employment.

Acquisitions and mergers

After you meet the eligibility requirements, your benefits begin based upon the legal agreement of the acquisition or merger.

When coverage ends

Your last day of the month in which your employment terminates. Coverage under this plan will continue for up to six months after an associate begins an active military leave.

Your benefits

This booklet is only a general overview of the pharmacy benefit. For more detailed information regarding your benefit plans, please review the Summary Plan



Description located on the Centura Health benefits intranet site. Should there be an inconsistency with any communications regarding these plans, the actual Summary Plan Description will govern. Any information contained herein may be subject to change.

Customer service

If you have questions about your pharmacy benefit, please contact us:

Website	www.ClearScript.org/CenturaHealth
Telephone (ClearScript)	1-844-201-4948 24 Hours a Day, 7 Days a Week
Centura Health Mail Order Pharmacy and Specialty Pharmacy Services	<p>Centura Health Pharmacy Services 877-775-7863 (toll free) 303-426-2360 (local) 303-426-2365 (fax)</p> <p>Monday – Friday 8:30 a.m. – 5 p.m. (MDT) / 9:30 a.m. – 6 p.m. (CT) Saturday and Sunday – closed</p> <p>Mailing Address Centura Health Pharmacy Services 2551 W 84th Ave Westminster, CO 80031</p>
Submitting a Claim	<p>Forms can be downloaded from www.ClearScript.org/CenturaHealth</p> <p>Mailing Address: <u>Member Service Center</u> Department: 0686 P.O. Box 419019 Kansas City, MO 64141</p>

Non-Discrimination Statement

Each Centura Health facility complies with applicable Federal civil rights laws and prohibits discrimination on the basis of race, color, national origin, age, disability, or sex. Centura Health facilities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Each Centura Health facility provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats which may include: large print, audio, accessible electronic formats, or other formats

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please request assistance from staff. If staff is unable to assist you, please contact the facility Sections 504/1557 Coordinator.

It is against the law to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. If you believe that a Centura Health facility has failed to

provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Antionette Garcia, or designee, and Sections 504/1557 Coordinator
9100 E Mineral Circle, Centennial, CO 80112
Phone 303-643-1000 | TTY: 711 | Fax 303-673-7102
CHPG_Patient_Advocate@Centura.Org

You can file a grievance in person or by mail, fax, or email within 60 days of the date you become aware of the alleged discriminatory act. If you need help filing a grievance, the above mentioned Sections 504/1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Proficiency of Language Assistance Services

Attention: If you speak a language other than English, assistance services, free of charge, are available to you. Call 1-303-643-1000 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-643-1000 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-643-1000 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-303-643-1000 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-303-643-1000 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-303-643-1000 (TTY: 711).

ማስታወሻ: የግናገራ ቋንቋ አግልጫ ከሆነ የትርጉም አገልግሎት ድርጅቶች በገጸ ሊያገዝዙት ተዘጋጅተዋል። ወደ ግዛታዎ ቁጥር ይደውሉ 1-303-643-1000 (መስማት ለተሳናቸው: TTY: 711)።

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-303-643-1000 (رقم هاتف الصم والبكم: (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-303-643-1000 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-303-643-1000 (TTY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । पनेन गर्नुहोस् 1-303-643-1000 (टि टि वाइ: (TTY: 711) ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-643-1000 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-303-643-1000 (TTY: 711) まで、お電話にてご連絡ください。

Ntị: O bụrụ na asụ lbo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-303-643-1000 (TTY: 711).

AKIYESI: Bi o ba nso èdè Yorùbú ọfè ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ọrọ-ibanisọrọ yi 1-303-643-1000 (TTY: 711).

LA SOCO: Haddii aad ku hadashid Soomaali, waxaad heli kartaa adeegyada kaalmada luqadda, oo lacag la'aan ah. Wac telefoonka 1-303-643-1000 (TTY: 711).

توجه: اگر از صحبت کنندگان زبان فارسی باشید، خدمات کمک زبانی رایگان برای شما قابل دسترسی است. لطفاً روی شمار، 1-303-643-1000 تماس بگیرید (TTY: 711).

Dè ɖe nià ke dyédé gbo: Ɔ jũ ké m̄ [Bàsɔ ɔ -wùdù-po-nyo] jũ ní, níí, à wuɖu kà kò dò po-poò be in m̄ gbo kpáa. Ɖá 1-303-643-1000 (TTY: 711).