

LAM RESEARCH CORPORATION

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PRESCRIPTION DRUG - CDHP PLAN

(To be used in conjunction with Anthem CDHP SPD)

About Your Prescription Drug Coverage

What the Plan Covers

As long as you meet the Program's eligibility requirements and you enroll in an Anthem medical coverage option under the Plan, you have prescription drug coverage through CVS/Caremark. As a result, you can purchase prescription drugs for yourself and/or your covered dependents through retail pharmacies or through the mail. Cost sharing provisions are contained in the chart below.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	15% (after deductible)	15% (after deductible)
Brand-Name Medicines You will generally pay more for a brand-name medication.	15% (after deductible)	15% (after deductible)
Preventive Drug List	Your Health Plan comes with a Preventive Drug List. Brand and Generic drugs on this list are covered at 100%. You can access the Preventive Drug List on Caremark.com	
Annual Deductible	\$2,000 per individual / \$4,000 per family (Integrated with medical)	
Maximum Out-of-Pocket	\$3,000 per individual / \$6,000 per family (Integrated with medical)	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.

Annual Deductible Note: If you are the subscriber enrolled in this plan and your eligible family members are also covered under this plan, the individual family member deductible is \$2,800 and maximum out-of-pocket is \$3,000.

Note: Pharmacy does not have an out of network benefit the same way medical does. There is no penalty for filling a script at a pharmacy that is not part of CVS Caremark network; however, the claim will not process electronically. You would be required to submit a paper claim for CVS to reimburse 100% of the cost of the submitted drug less your coinsurance.

Max Allowable Benefit for Infertility: Infertility max amount is not shared with medical, it is pharmacy only and the amount is set at: \$10,000.

The Plan pays benefits for eligible expenses associated with outpatient prescription drug services. The chart below briefly describes how the retail pharmacy and mail order pharmacy components operate.

Provision	Retail	Mail Order
Access	For your short-term prescriptions, you have access to a network of pharmacies, including many chain	For your long-term maintenance prescriptions, you have access to a mail order pharmacy. You

	pharmacies such as CVS, Walgreens, Target, Wal-Mart, Kroger, and Rite-Aid. These pharmacies agree to charge lower rates for prescription drug services.	can get up to a 90-day supply of your long-term medications by mail. You may also fill a 90-day supply at your local CVS or CVS/Target Pharmacy for the same mail order coinsurance as defined by your plan, this is the Maintenance Choice Program.
Prescriptions When You Need Them	At the point that you fill your short-term prescription, you decide whether to go to a network pharmacy or a non-network pharmacy.	The mail order pharmacy is designed to meet your long-term or maintenance medication needs and save you time and money. The mail order program provides delivery of your prescriptions to your home in confidential, tamper-resistant, and temperature-controlled packaging.
Your Cost	In general, your cost will depend on whether your prescription is filled with a generic, preferred brand, or non-preferred brand, and if you use a network or non-network pharmacy. In most instances, your cost will be lower when you use generics and network pharmacies.	In general, your cost will depend on whether your prescription is filled with a generic, preferred brand, or non-preferred brand. In most instances, your cost will be lower when you use generics.
Finding a Pharmacy	You can select a network pharmacy from the online directory at www.caremark.com . Or, you can call CVS/Caremark directly for assistance.	Access a mail service order form through the CVS/Caremark website at www.caremark.com . You also may call Caremark's FastStart program to get started with mail service order at 1-866-772-9414. This is for participants only. You also may have your provider call Caremark's New Rx at 1-800-378-5697.

How Benefits Are Paid

The Plan pays benefits for eligible expenses related to covered prescription drug services based on all of the following:

- Whether you fill your prescription through:
 - A retail network pharmacy;
 - A retail non-network pharmacy; or
 - The mail order pharmacy.
- The type of prescription you receive:

- Generic;
- Preferred brand; or
- Non-preferred brand.
- Whether the prescription is for maintenance medications.
- Whether the prescription is covered under the Preventive Drug List

For the Preventive Drug List, your plan pays benefits that allow you to bypass your deductible if your maintenance drug is on the list. To find out if your medication is on the preventative drug list, go to www.caremark.com or www.LamBenefits.com.

Eligible Expense

An expense is considered eligible only if the following apply:

- You or your covered dependent incurs the expense while coverage is in effect;
- The covered service for which you incur the expense is recommended by a physician, dentist, or optometrist and is medically necessary for the care and treatment of an illness or injury;
- A provider usually charges its patients for the covered service; and
- The expense is not attributable to cost differentials due to:
 - Filling a brand name prescription drug when a generic/generic equivalent is available,
 - Filling prescriptions at Retail for maintenance medications

Member Services

Visit Caremark's website, www.caremark.com, to view your plan design and coinsurance information, search for details on prescription medications, locate a participating pharmacy near you, and manage your home delivery prescriptions. For future reference, this number is listed on the back of your CVS prescription drug ID card.

Should you need additional or replacement ID cards, contact CVS/Caremark or visit www.caremark.com.

Retail Pharmacies

The retail pharmacies that participate in the network should be your primary source for filling short-term prescriptions. If you fill your prescription at a non-network pharmacy, the claim will not process electronically. You would be required to submit a paper claim for CVS to reimburse 100% of the cost of the submitted drug less your coinsurance.

To fill a prescription through a retail network pharmacy:

- Go to a network pharmacy
- Present your prescription to the pharmacist
- Present your ID card to the pharmacist
- Sign for, pay and receive your prescription

If you fill a prescription at an out-of-network pharmacy, you're required to submit your claim directly to CVS/Caremark at the following address:

CVS Caremark

P.O. Box 52116
Phoenix, AZ 85072-2116

If you need to submit a claim, follow these steps:

- Complete a form. Complete a separate form for each covered person and submit completed claim forms directly to the appropriate claims administrator at the address shown in the chart above. If you don't complete the necessary form or identify yourself appropriately, you may experience delay in the processing of your claim. Member Claim Forms are available at www.caremark.com.
- Submit the appropriate information. Include all of the following:
 - Your member ID and account number (your member ID is included on your ID card, and your account number is the seven-digit policy number included on your ID card); and
 - Itemized bills (you can submit as many itemized bills as you wish with each form). If you're going to be hospitalized, you may wish to obtain a claim form prior to hospitalization (be sure to show your ID card at the time of your admission). Also, when you submit itemized bills be sure they include your provider's name and address, the patient's name, the diagnosis, and the date of service. A description of the service, diagnosis, or other statement regarding the service's purpose and service charge should also be included.
- Submit promptly. Be sure to submit your claims promptly after you receive the service.
- Who receives benefits. The claims administrator processes your request for benefits then pays benefits directly to you or your physician, hospital, other health care facility, pharmacy, or other health care provider.

Mail Order Pharmacy

You can fill your long-term maintenance medications through the mail. With the mail order pharmacy, you receive up to a 90-day supply of your medication for less than the cost of three fills at a Retail pharmacy.

To fill a prescription through the Mail Order Pharmacy:

- Ask your physician to write a prescription for a 90-day supply, plus refills, so that you can submit it directly to the mail order pharmacy with your form. Be sure to ask your physician to prescribe generic medications if available to help reduce costs.
- If you need medication immediately, ask your physician for two prescriptions, the first for an immediate supply. You can then take this to your local network pharmacy. The second is for the long-term supply. You can submit this one to the mail order pharmacy. An alternative is to use the Maintenance Choice program at a CVS retail pharmacy or CVS/Target pharmacy, in which case your physician only needs to write a single prescription for a 90-day supply, plus refills.
- Complete a mail order form and send it to CVS/Caremark. Be sure to include your original prescription. A new form and pre-addressed envelope is then sent to you with each delivery. You also can print forms at www.caremark.com. Submit a mail order form for each prescription.
- Payment is due with each order.

Maintenance Choice Program

Voluntary Maintenance Choice gives members the option to fill their maintenance medications in 90-day supplies at either CVS Pharmacy or CVS Caremark Mail Service Pharmacy for the same price. There are no refill restrictions and members can move their prescriptions between CVS Pharmacy and CVS Caremark Mail Service Pharmacy as desired. Members who choose to fill in these channels benefit from lower coinsurance. Clients receive the benefit of mail pricing for all prescriptions filled at CVS Pharmacy and Mail service.

Formulary and Non-Formulary Medications

The Formulary is a guide for you and your doctor to refer to when filling out your prescriptions. If there is no generic medication available for your condition, there may be more than one brand name for you and your doctor to consider. Caremark provides a list of formulary brand name medications to help you and your doctor decide medications that are clinically appropriate and cost effective. If a drug you are taking is not on the formulary, you may want to discuss alternatives with your doctor or pharmacist. Using drugs on the formulary will keep costs low.

A current drug list is available online www.caremark.com or upon request by calling CVS Caremark Customer Care. To avoid paying higher coinsurance associated with non-preferred drugs; take this list with you when you visit your doctor so he or she can refer to it when prescribing medications for you and your covered dependents.

Generic Substitution

You can save the most money by choosing generic drugs when available. Ask your Physician to authorize generic substitution when medically appropriate. CVS Caremark will never give you a generic instead of a brand-name drug without your Physician's permission. If a generic drug is not available, you'll pay the applicable brand-name coinsurance. If you or your covered dependent requests a brand-name drug when the Physician approves an available generic drug, you must pay the brand coinsurance plus the difference in cost between the prescribed brand-name drug and its generic equivalent. This is the DAW (Dispense As Written) penalty.

CVS Caremark Specialty Pharmacy Services

CVS Caremark Specialty Pharmacy Services is a full-service specialty pharmacy that provides specialty injectable and oral drugs for chronic conditions, and members can only fill these drugs at Caremark Specialty Pharmacy. CVS Caremark provides these products directly to Covered Persons along with personalized service and educational support for your specific therapy. Conditions covered include Multiple Sclerosis, Rheumatoid Arthritis, Gaucher's Disease, Allergic Asthma, Osteoporosis, Cystic Fibrosis, Hepatitis C, Crohn's Disease, Pulmonary Hypertension, Psoriasis, and others. To learn more about CVS Caremark Specialty Pharmacy Services, visit Caremark.com or to get started with the service, call Caremark Connect at 1-800-237-2767. Note: All specialty medications are subject to Specialty Guideline Management (SGM) review. SGM is a program that helps to ensure appropriate utilization for specialty medications based on evidence-based medicine guidelines. Patient progress is continually assessed to determine whether appropriate therapeutic results are achieved. Prescribers may call 1-866-814-5506 to request an SGM review.

Quantity Limitations

CVS Caremark develops limitations to ensure safe and appropriate medication use. The list below includes those drugs subject to Quantity Limitations. Regardless of what is prescribed by your Physician, the amount dispensed will be based on the recommended limitation. For more information, call CVS Caremark Customer Care at 1-800-378-0780.

- ADHD/Narcolepsy Agents
- Anticholinergic, Combination, and Mast Cell Stabilizer Oral Inhalation (misc. asthma /COPD agents)
- Anti-Migraine
- Butorphanol Nasal Solution
- Corticosteroid Oral Inhalation (steroid inhalers)
- ED Alprostadils, PDE-5 Inhibitors Limit & ED-BPH Cialis
- Influenza
- Intranasal Steroids/Antihistamines
- Long & Short Acting Beta2-Agonists (respiratory/asthma inhalers)
- Pain (oxycodone/APAP ext-rel)
- Pain (tapentadol, tapentadol ext-rel)

Prior Authorization

Prior authorization requires a drug's prescribed use to be evaluated against a predetermined set of criteria before the prescription will be covered. In addition to the Quantity Limitations above, certain drugs or drug classes will require prior authorization for you to receive coverage for them. If you're taking one or more of the drugs listed below, you can avoid delays and interruptions in your therapy by asking your doctor to call the CVS Caremark Prior Authorization Department at 1-888-413-2723. The request will be evaluated to determine if you still qualify for Plan coverage of the prescribed therapy.

If you don't meet the criteria standards and still wish to take the medication, you'll be responsible for the entire cost of the drug. Please note that this list may be updated periodically throughout the year.

- Anabolic Steroids
- Compounded Drug Products Exceeding a \$300 Threshold
- Narcolepsy (sleep disorder)
- Pain, Oral/Intranasal Fentanyl Products (oral/intranasal narcotics)
- Sublingual Immunotherapy (SLIT) Agents
- Suboxone, Subutex
- Testosterone – Topical/Buccal/Nasal (Brand and Generic)
- Testosterone – Injectable
- Vfend

Step Therapy

Generic Step Therapy requires that a cost effective generic alternative is tried first before targeted single-source brands are covered. The list below includes those drug classes subject to Generic Step Therapies.

- COX2 inhibitors/ Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Fibrates
- HMG-CoA Reductase Inhibitors
- Prostagl Analog

- Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)
- Selective Serotonin Reuptake Inhibitors (SSRIs)

With Generic Step Therapy, if you choose to stay on your current, higher-cost brand-name medicine, you may have to pay the full price if you have not tried a generic option to treat your health condition. Your doctor can contact CVS Caremark to request a prior authorization if you have a unique medical situation that requires you to keep taking the higher-cost (brand-name) medicine. If you have previously taken generic medicine in the same drug class, you may not be affected by this change.

Appeals

Formal procedures are in place if you need to appeal a benefit decision relative to your prescription drug benefits. The same appeals process that applies for health care coverage decisions applies for prescription drug benefit decisions. The first request for coverage is called an initial coverage review. Your appeal should be mailed to:

CVS Caremark Prescription Claim Appeals MC 109
P.O. Box 52084
Phoenix, AZ 85072-2084

Alternatively, you can fax your appeal to 1-866-443-1172 Attn: Urgent Appeals.

This must be done within 180 days of a denial.