

## Pharmacy Plan Benefits Comparison

| Plan                                                                               | H2000 with HSA                                                                                               | H2500 with HSA                                                                                               | H5000 with HSA                                                                                               | C2000 with HRA and C3000 with HRA                                                                                                       |                                                                                                                                                     | B1000                                                                                                        |        |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------|
| Deductible                                                                         | <ul style="list-style-type: none"><li>\$2,000 individual</li><li>\$4,000 family</li></ul>                    | <ul style="list-style-type: none"><li>\$2,500 individual</li><li>\$5,000 family</li></ul>                    | <ul style="list-style-type: none"><li>\$5,000 individual</li><li>\$10,000 family</li></ul>                   | None                                                                                                                                    |                                                                                                                                                     | None                                                                                                         |        |
|                                                                                    | Combined with medical/behavioral health deductible <sup>1</sup>                                              |                                                                                                              |                                                                                                              |                                                                                                                                         |                                                                                                                                                     |                                                                                                              |        |
| Annual Out-of-Pocket (OOP) Maximum—Combined Medical, Behavioral and Pharmacy Costs | <b>In Network</b> <ul style="list-style-type: none"><li>\$5,000 individual</li><li>\$10,000 family</li></ul> | <b>In Network</b> <ul style="list-style-type: none"><li>\$5,000 individual</li><li>\$10,000 family</li></ul> | <b>In Network</b> <ul style="list-style-type: none"><li>\$5,000 individual</li><li>\$10,000 family</li></ul> | <b>In Network</b><br>With both medical plans <ul style="list-style-type: none"><li>\$5,000 individual</li><li>\$10,000 family</li></ul> |                                                                                                                                                     | <b>In Network</b> <ul style="list-style-type: none"><li>\$5,000 individual</li><li>\$10,000 family</li></ul> |        |
|                                                                                    | NEW H2000                                                                                                    | H2500                                                                                                        | H5000                                                                                                        | C2000 and C3000                                                                                                                         |                                                                                                                                                     | B1000                                                                                                        |        |
| Amounts shown: Participant pays                                                    | Amounts below reflect cost after meeting deductible                                                          |                                                                                                              |                                                                                                              | 30-Day                                                                                                                                  | 90-Day                                                                                                                                              | 30-Day                                                                                                       | 90-Day |
| Co-Payments—Generic                                                                | 30-Day                                                                                                       | 90-Day                                                                                                       | 30-Day                                                                                                       | 90-Day                                                                                                                                  | Participant pays 0% after meeting deductible; preventive drugs are not subject to deductible and have the same copayments as other HealthFlex plans |                                                                                                              |        |
|                                                                                    | \$10 <sup>2</sup>                                                                                            | \$25 <sup>2</sup>                                                                                            | \$10 <sup>2</sup>                                                                                            | \$25 <sup>2</sup>                                                                                                                       |                                                                                                                                                     | \$10                                                                                                         | \$25   |
| Preferred Brand-Name                                                               | 30% <sup>2</sup>                                                                                             | 30% <sup>2</sup>                                                                                             | 30% <sup>2</sup>                                                                                             | 30% <sup>2</sup>                                                                                                                        |                                                                                                                                                     | 30%                                                                                                          | 30%    |
| • Minimum                                                                          | \$30 <sup>2</sup>                                                                                            | \$75 <sup>2</sup>                                                                                            | \$30 <sup>2</sup>                                                                                            | \$75 <sup>2</sup>                                                                                                                       |                                                                                                                                                     | \$30                                                                                                         | \$75   |
| • Maximum                                                                          | \$65 <sup>2</sup>                                                                                            | \$165 <sup>2</sup>                                                                                           | \$65 <sup>2</sup>                                                                                            | \$165 <sup>2</sup>                                                                                                                      |                                                                                                                                                     | \$65                                                                                                         | \$165  |
| Non-Preferred Brand-Name                                                           | 40% <sup>2</sup>                                                                                             | 40% <sup>2</sup>                                                                                             | 40% <sup>2</sup>                                                                                             | 40% <sup>2</sup>                                                                                                                        |                                                                                                                                                     | 40%                                                                                                          | 40%    |
| • Minimum                                                                          | \$50 <sup>2</sup>                                                                                            | \$125 <sup>2</sup>                                                                                           | \$50 <sup>2</sup>                                                                                            | \$125 <sup>2</sup>                                                                                                                      | \$50                                                                                                                                                | \$125                                                                                                        |        |
| • Maximum                                                                          | \$120 <sup>2</sup>                                                                                           | \$300 <sup>2</sup>                                                                                           | \$120 <sup>2</sup>                                                                                           | \$300 <sup>2</sup>                                                                                                                      | \$120                                                                                                                                               | \$300                                                                                                        |        |

<sup>1</sup> **Standard Deductible:** Assumes participant and covered spouse (if applicable) met Health Check incentive requirement in 2023. If not taken, the deductible will be increased by \$250 for individual and \$500 for deductible. Households with family coverage in the H5000 plan in 2024 who do not complete the Health Check in 2023 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

<sup>2</sup> Co-payments/co-insurance apply after deductible has been met for most drugs. Deductible does not need to be met for medications on the OptumRx preventive drug list.

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<sup>2</sup> Co-payments/co-insurance apply after deductible has been met for most drugs. Deductible does not need to be met for medications on the OptumRx preventive drug list.

Two HealthFlex policies related to pharmacy benefits affect the amount you pay out of pocket for prescription drugs.

- **Point-of-Sale Rebates:** Certain drug manufacturers provide rebates on the purchase of their prescription drugs. The price of the drug will be adjusted when you purchase it to reflect the rebate.
- **Specialty Medication Manufacturer Coupons (commonly referred to as “copay cards”):** If you use a coupon provided to you by a prescription drug manufacturer when purchasing specialty medication at Optum Specialty Pharmacy, you will only receive credit towards your deductible and out-of-pocket maximum for the amount you actually pay out-of-pocket when you purchase the drug. You will not receive credit for the amount of the coupon because you did not pay that amount.

Health Flex includes a number of drug utilization management programs to maximize safety and cost efficiencies. These include:

- **Mandatory Generics:** HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If a participant requests a Brand-Name Drug when there is an equivalent Generic Drug available, the participant will be charged the amount equal to the applicable Generic Drug Co-payment (e.g., \$10 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Maintenance Medication Requirement:** Under the plan, participants are allowed a total of three 30-day fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills). After that, the medication must be obtained in 90-day fills through the OptumRx Mail-Order Pharmacy or through a Walgreens Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at the full price, even if it is a Participating (in-network) pharmacy.
- **Prior Authorization and Step Therapy Programs:** Some medications are only covered for specific medical conditions or for a specific quantity and duration. OptumRx, in cooperation with your physician, determines the coverage based on clinical guidelines. Prior authorization may include: quantity limits, step therapy, or restriction of coverage to certain populations or conditions.

*This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by Wespath Benefits and Investments. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.*