

## AMENDMENT #3 and SUMMARY OF MATERIAL MODIFICATION

To revise the Plan Document and Summary Plan Description, dated May 1, 2018  
of the Greene County Employee Benefit Trust  
**effective March 1, 2021**

### I. Summary of Material Modification

This Amendment and Summary of Material Modification seeks to update the following:

1. Clarification of Benefit excluded by the Plan.
2. Revisions to the Precertification requirements.
3. Revisions to the TrueScripts Prescription Drug Benefits language.

### II. Specific Plan Language Amended

***Under Section III: Your Medical Benefits, Expenses Not Covered, page 47, the following will be added:***

[...]

- genetic testing/counseling, except to the extent required by the ACA, such as BRCA;

[...]

***Under Section III: Your Medical Benefits, Precertification, page 49, the following will be deleted:***

[...]

- Durable Medical Equipment (DME) (*any purchase over \$750 and all rentals*)
- Prosthetics - (*any purchase over \$750 and all rentals*)
- Implantation of Cardiac Defibrillators

[...]

***And replaced with:***

[...]

- Durable Medical Equipment (DME) (*any purchase over \$1,000 and all rentals*)
- Prosthetics - (*any purchase over \$1,000*)
- Neurological implants and implanted nerve stimulator devices - including but not limited to spinal cord stimulators and vagal nerve stimulators (VNS)

[...]

***Under Section IV: Your Prescription Drug Benefits, pages 52-59, will be deleted in its entirety, and replaced with:***

The Plan has two components: (1) this document which describes the prescription benefits available through the Plan (“Rx Program”); and (2) the medical component administered by **SIHO** (“Medical Component Plan”). Prescription benefits provided under the Rx Program are described in this document and are exclusively provided under and subject to the terms

of this document, except as specifically provided herein. Non-prescription medical benefits are available under the Medical Component Plan.

Under no circumstance shall benefits be covered under both the Rx Program and the Medical Component Plan.

This document and the Medical Component Plan are deemed to be the plan document and summary plan description. For purposes of simplicity, this document incorporates by reference the following provisions from the Medical Component Plan: Eligibility; enrollment and termination of coverage; coordination of benefit provisions; HIPAA Privacy and Security Rules; the appeal procedures (except as modified herein); COBRA continuation of coverage; subrogation and reimbursement rights; exclusions and limitations and ERISA information and rights; all of which shall be deemed to be fully set forth herein.

### **Retail Pharmacy**

As a participant in the Medical Component Plan you are eligible for prescription benefits under the Rx Program. Your eligibility for benefits under the Rx Program ends on the date your coverage ends under the Medical Component Plan.

The Rx Program uses a network of preferred pharmacies (“Participating Providers”) that have contracted with the Rx Program to charge Participant’s reduced fees for covered prescription drugs. In addition, certain drugs must be purchased at designated pharmacies. TrueScripts Managements Services, LLC (“TrueScripts”) provides claims processing and ministerial services for the Rx Program (but is not an insurer).

Any reimbursement by the Rx Program is determined per prescription (“Script”) by the reimbursement levels described herein, which, is applied to each covered drug charge and is shown on the Summary of Pharmacy Benefits. Scripts that exceed the identified per script annual limit will be excluded and not considered an eligible expenses under the Plan or this Rx Program.

If a drug is purchased from a non-participating pharmacy or a Participating Pharmacy when the covered Participant’s ID card is not used, the Participant must pay the entire cost of the prescription, including copay, and then submit the receipt for direct reimbursement to TrueScripts Management Services (TrueScripts) at 513 E. South St., Washington, IN 47501 or [www.truescripts.com](http://www.truescripts.com), subject to the terms of the Rx Program.

### **Participating Pharmacy**

The Rx Program has a network of participating retail pharmacies. You can find a local retail pharmacy by visiting [www.truescripts.com](http://www.truescripts.com) and navigating to the Pharmacy Locator section or by calling TrueScripts at (844) 257-1955. Participating Providers will change, so you should check the above website or contact TrueScripts at the above phone number prior to obtaining pharmacy services or products.

## **Designated Pharmacy**

If you require certain prescription drugs, TrueScripts may direct you to a designated pharmacy with which it has an arrangement to provide those prescription drugs. These drugs are listed on the formulary that can be found at [www.truescripts.com](http://www.truescripts.com) or by calling TrueScripts at (844) 257-1955.

## **Reimbursement Levels**

Benefits for eligible drugs are available for prescription drugs that are considered a covered expense as set forth in this document. The Rx Program pays benefits at different levels based upon prescription drug tiers as described below, subject to other exclusions described later in this summary. All prescription drugs covered by the Rx Program are categorized into these tiers on the Preferred Drug Formulary (PDF). The tier status of a prescription drug can change periodically, as frequently as monthly, based on TrueScripts' Preferred Drug Formulary (PDF) Management Committee's periodic tier decisions. When that occurs, you may pay more or less for a prescription drug, depending on its tier assignment. Since the PDF may change periodically, for the most current information, call TrueScripts at (844) 257-1955. See the separate section below for Specialty Drugs.

Each tier is assigned a reimbursement level which is the amount the Rx Program pays. You will also pay a copay/coinsurance when you visit the Pharmacy. **As an example**, here is how the tier system works with 3 tiers:

- Generic Tier is the lowest copay. For the lowest out-of-pocket expense, you should consider Generic Tier drugs if you and your prescriber decide they are appropriate for your treatment.
- Preferred Brand Tier is your middle copay. Consider a Preferred Brand Tier drug if no Generic Tier drug is available to treat your condition.
- Non-Preferred Brand Tier, if applicable, is your highest copay. The drugs in Non-Preferred Brand Tier are usually costlier. Sometimes there are alternatives available in the Generic Tier or Preferred Brand Tier.

You are responsible for your deductible, if any, and also paying the lowest of:

- The applicable copay, unless otherwise listed in the Summary of Pharmacy Benefits section;
- The network pharmacy's Usual and Customary charge for the prescription drug; or
- The prescription drug charge that TrueScripts agreed to pay the network pharmacy.

**Note:** Pharmacy benefits apply only if your prescription is for an eligible expense. For excluded charges, you are responsible for paying 100% of the cost, and those charges do not count towards deductibles or maximum out-of-pocket. Amounts more than the Rx Program's specialty drug per script maximum are excluded. TrueScripts will assist Participants seeking reimbursement from third party resources, but makes no guarantees.

Other programs or services, which may reduce a Participant's copay as outlined below, may be implemented by the Plan Administrator or procedurally changed by TrueScripts if, in their discretion and management of the plan, the program or service will benefit the Plan and Participant and there is a likelihood that Plan and/or Participant's expenses will be reduced over the longer term. Please see the Exclusion Section regarding the treatment of drugs for which manufacturers provide rebates, discounts, or other payment methods.

The Plan Sponsor may offer multiple levels of formularies (referred to as "Level 1", "Level 2", etc.). If a Plan Sponsor adopts a multiple level formulary, Participants will be automatically enrolled for benefits under the Level 1 Formulary, the terms of which are described herein. Upon request or if TrueScripts believes it is beneficial, a Participant will be provided information regarding the other Level(s), including enrollment opportunities, the amount of the premium equivalent a Participant will pay for enrolling in the enhanced Level(s), and other terms of such Level(s). This information is also available by calling TrueScripts at (844)-257-1955.

### **Specialty Pharmacy Summary of Benefits Per Participant**

"Specialty Drugs" are medication that share one or more of the following characteristics:

- Prescribed for a person with a complex or chronic medical condition,
- Treats rare or orphan disease diagnoses,
- Requires additional patient education, assessment, adherence, and support,
- Can be difficult to administer,
- Is an oral, injectable, inhalable, or infusible medication,
- Has unique shipment or storage, or other special handling requirements,
- Is usually supplied by a limited pharmacy network,
- High cost per fill

A Prior Authorization is required for all Specialty Drugs, a list of which can be obtained by calling TrueScripts at (844) 257-1955. First time dispensing of a Specialty Drug may be limited to less than a 30-day supply when not prepackaged for a larger quantity. Additionally, a maximum unit of measure quantity limit per Participant/calendar year may apply to some Specialty Drugs. Covered prescription injectable(s) and certain other specialty drugs such as chemotherapies may only be available through a designated specialty pharmacy. Specialty Drugs are categorized into the above Copay Tiers under Summary of Pharmacy Benefits or as determined by TrueScripts' PDF Management Committee.

For specialty drug maximum unit of measure quantity limit coverage per Participant/calendar year and Specialty Drugs available through the Specialty Pharmacy contact TrueScripts Member Care Team at (844) 257-1955. Further, some Specialty Drugs may be excluded from a formulary Level. A Participant who is prescribed a Specialty Drug should contact TrueScripts Member Care at the above phone number to determine if the Specialty Drug is excluded from the Participant's Formulary Level and to determine if other Formulary Levels are available to the Participant that cover the Specialty Drug.

### **Direct Participant Reimbursement**

In order for a request for reimbursement to be processed, a Participant must complete a prescription drug claim form, obtained from the Employer or at [www.truescripts.com](http://www.truescripts.com), attach the receipt, and submit it to TrueScripts at the following address:

TrueScripts Management Services  
513 E. South St.  
Washington, IN 47501  
Attn: Claims Department

A Participant will be reimbursed the amount he/she paid to the pharmacy subject to the terms set forth in the Plan and this Rx Program.

### **Clinical Trial Coverage**

Benefits for clinical trial coverage under this Rx Program will be administered consistently with the requirements of the Affordable Care Act. Please see the Medical Component Plan document for terms related to clinical trials.

### **Limitation of Pharmacy Selection**

If TrueScripts determines that you may be using prescription drugs in a harmful or abusive manner, or with harmful frequency, your selection of network pharmacies may be limited. If this happens, you may be required to select a single network pharmacy that will provide and coordinate all future pharmacy services. Benefits will be paid only if you use the designated single network pharmacy, subject to the terms of this Rx Program.

### **Supply Limits**

Some prescription drugs are subject to supply limits that may restrict the amount dispensed per prescription order or refill. Additionally, a maximum unit of measure quantity limit per Participant/Calendar Year may apply to Specialty Drugs. To determine if a prescription drug has been assigned a supply limit or maximum unit of measure quantity limit per Participant/Calendar Year for dispensing call TrueScripts at (844) 257-1955. Whether or not a prescription drug has a supply limit or maximum unit of measure quantity limit coverage per Participant/calendar year is subject to TrueScripts' periodic review and modification.

Any one retail non-specialty prescription is limited to a ninety (90) day supply and any authorized refills, per Script.

### **"Dispensed As Written" Drug Provision**

The Rx Program requires that retail pharmacies dispense generic when available unless the prescriber specifically prescribes a brand name drug and marks the prescription "dispense as written." "Dispense as Written" prescriptions may require a Prior Authorization.

Should a Participant choose a Brand name drug, rather than the generic equivalent when the prescriber does not indicate Dispense as Written, the Participant will be responsible for the applicable Brand name drug copay plus the cost difference between the Brand and generic drugs.

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Additionally, only the applicable generic copay the Participant would have paid will apply toward the Participant's deductible and/or out-of-pocket maximum.

### **Prescription Drugs Lost As A Direct Result of a Natural Disaster**

Participants will be given the opportunity to prove that prescription drugs otherwise considered covered expenses under this Rx Program were lost due to a natural disaster. Acceptable proof could include, but not necessarily be limited to, proof of other filed claims of loss (homeowner's, property, etc.).

### **Covered Expenses**

The following are prescription products considered covered expenses under the Rx Program:

- Medications that are necessary for the care and treatment of an illness or injury and are prescribed by a duly licensed medical professional; and
- Medications which can be obtained only by prescription and dispensed in a container labeled "Rx only";
- The following non-prescription (OTC) drugs prescribed by a duly licensed medical professional:
  - medications or vitamins as required by the Affordable Care Act; and
  - in an amount not to exceed the day's supply outlined in the prescription Summary of Pharmacy Benefits.
  - all other non-prescription (OTC) drugs that are included in the Medical Component Plan.
- medications for medical treatment or prescription coverage not otherwise excluded by the Medical Component Plan or this Rx Program.
- covered medications prescribed and filled while the Participant is covered by this Rx Program.

Covered expenses under Rx Program include Adjudication fees, Prior Authorization fees, and Specialty Care fees and expenses.

### **Limits and Exclusions**

The Rx Program's prescription drug benefits apply only when a Participant incurs a covered prescription drug charge. The covered drug charge for any one prescription will be limited to:

- Refills only up to the number of times specified by a prescriber.
- Refills up to one year from the date of order by a prescriber.

In addition to exclusions in the Medical Component Plan document, the following exclusions apply. One or more exclusions may apply to any prescription.

When exclusions apply to only certain prescription drugs, you can call TrueScripts at (844) 257-1955 for information about which prescription drugs are excluded. Excluded medications include:

- Medications for any condition, injury, sickness, or mental health disorder arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received under any workers' compensation law or other similar laws;
- Any prescription drug for which payment or benefits are covered or available as primary from the local, state or federal government (for example Medicare) whether or not payment or benefits are received, except as otherwise provided by law;
- Medications available over-the-counter that do not require a prescription order or refill by federal or state law before being dispensed, unless the plan has designated over-the-counter medication as eligible for coverage as if it were a prescription drug and it is obtained with a prescription order or refill from a prescriber;
- Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a prescription order or refill.
- Compounded drugs that are available as a similar commercially available prescription drug;
- Medication dispensed outside of the United States, except in an emergency;
- Durable medical equipment (prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered in the Schedule of Benefits);
- The amount dispensed (days' supply or quantity limit) which exceeds the applicable supply limit;
- The amount dispensed (days' supply or quantity limit) which is less than the minimum supply limit;
- Certain new drugs and/or new dosages, until they are reviewed and assigned to a tier by the TrueScripts PDF Management Committee, a list of which may be obtained by calling TrueScripts at (844) 257-1955.
- Medications prescribed, dispensed or intended for use during an inpatient stay;
- Prescription drugs, including new prescription drugs or new dosage forms, that do not meet the definition of a covered expense;
- Medications used for conditions and/or at dosages determined to be experimental or investigational, or unproven, unless TrueScripts or the Plan have agreed to cover an experimental or investigational or unproven treatment;
- If a drug manufacturer or third party provides for rebates, discounts, and/or reimbursement of all or a portion of the medication supply, that supply portion may be excluded under the terms of the Rx Program. Manufacturer and third-party payment programs do change, and information about this exclusion may be

obtained by calling TrueScripts. If a Participant is eligible for a rebate, discount, or reimbursement from a manufacturer or third party, and does not apply for this rebate, discount, or reimbursement, the number of Scripts associated with that rebate, discount, and/or reimbursement will be excluded unless/until the Participant completes and submits an Affidavit establishing that the Participant did not apply and stating the reason(s) for the failure to apply or provides evidence that any application for such rebate, discount, and/or reimbursement was denied;

- All exclusions and limitations under the Medical Component Plan; and
- In accordance with the preferred formulary and procedures implemented by TrueScripts, as modified from time to time, certain prescriptions will be deemed processed under the Major- Medical portion of the Medical Component Plan, and, therefore excluded under the prescription program. All other prescriptions covered by the Rx Program are excluded by the Major-Medical provisions of the Medical Component Plan.

### **Deductible and Out-of-Pocket Maximum**

The following amounts do not accrue towards the total covered expenses that are the responsibility of the Participant and do not accumulate toward the applicable Deductible and/or Out-of-Pocket Maximum:

- Premiums;
- Expenses that are excluded under the Rx Program;
- Expenses in excess of the reasonable and customary charges for services or supplies;
- Expenses in excess of any maximum quantity list in the Rx Program;
- Penalties;
- Expenses reimbursed, waived or covered through manufacturer or third party assistance programs or discount programs;
- Expenses for brand-name drugs above the applicable generic copay the Participant would have paid as outlined in the “Dispensed As Written Drug Provision”; and/or
- Any cost related to a drug that is partially or wholly excluded

### **Prior Authorization Requirement**

TrueScripts has been retained by the Plan Administrator to provide Prior Authorization services for a particular set of drugs. The Plan has approved a predetermined set of criteria to be applied to this Prior Authorization process. In order for a drug which is subject to Prior Authorization to be covered by this Rx Program; the pharmacist, Participant, or prescriber must call the TrueScripts Customer Care Department to obtain Prior Authorization before the drug is purchased. TrueScripts will fax the prescriber the necessary forms to obtain the information necessary to determine whether or not the drug will be a covered expense, based upon the predetermined set of criteria and the information supplied by the prescriber. TrueScripts will notify the pharmacy/Participant or prescriber who submitted the request for Prior Authorization within 72 hours (once the letter of medical necessity is received from the



prescriber) that the drug is or is not covered by the Plan. The request for Prior Authorization is considered to be a pre-service claim as described in the U.S. Department of Labor Regulations 2560.503-1 (issued November 21, 2000). TrueScripts authorization is not a guarantee that the drug is eligible for payment under the Rx Program or Plan.

The Rx Program may include a Step Therapy program which promotes the utilization of certain Preferred Drugs in specific drug categories such as cholesterol lowering statins and proton pump inhibitors (gastro-intestinal agents); however, others may be identified. Certain drugs have been identified which will not be covered under the Rx Program if the Step Therapy program has not been followed and a Prior Authorization obtained. The Step Therapy program requires documentation from a Prescriber that the Participant has tried a minimum number of alternative drug treatments and that they did not successfully treat the Participant's condition. If a medication the Participant is taking is identified as a Step Therapy drug, the Participant is not required to change medications, but it will not be covered under the Rx Program unless approved through TrueScripts. For more Information on this Step Therapy program, please contact TrueScripts at (844) 257-1955 or visit [www.truescripts.com](http://www.truescripts.com).

For a list of drugs that require prior authorization, please visit [www.truescripts.com](http://www.truescripts.com) or by calling (844) 257-1955.

#### Appealing a Denied Prior Authorization Claim

Procedures to appeal denial of claims, services or pre-authorization requests are set forth in the Medical Component Plan, and are deemed incorporated herein. However, all appeals for the Rx Program shall be sent to and administered by:

TrueScripts Management Services, LLC, C/O Appeals Dept.  
513 E. South St.  
Washington, IN 47501

TrueScripts has the discretionary authority to determine the right to benefits and any appeals under the Rx Program.

#### **Emergency Supply**

For covered medications and in instances in which a Prior Authorization cannot be immediately obtained, Participants may receive and be reimbursed for up to a 72-hour supply of a covered outpatient drug as an "emergency supply." Such emergency supply must be obtained in accordance with the Rx Program.

#### **Preventive Care Schedule Of Benefits Per Participant Per Calendar Year**

The Plan routinely covers exams and screenings that prevent and identify early certain medical conditions. In accordance with the Affordable Care Act (ACA), the Rx Program covers services for preventive care at 100%.

### Contraceptive Preventive Care

The Rx Program will cover certain contraceptive preventive care prescriptions or devices for women without cost sharing. Coverage without cost sharing means women can receive the prescriptions or devices without having to pay a deductible, coinsurance or copayment.

There are some contraceptive prescriptions for which Participants will have to pay a deductible, copayment or coinsurance. To minimize your out-of-pocket pharmacy costs, follow the below guidelines for prescriptions that will be covered with no cost sharing.

The Rx Program benefits cover female contraceptive prescriptions with no cost sharing for Participant's receiving these drugs or devices for the prevention of pregnancy that are:

- Prescribed by a prescriber;
- Generic;
- Brand-name drugs without a generic equivalent; and
- Obtained from an in-network pharmacy.

The Rx Program will also cover brand name drugs where a generic is available with no cost sharing if approved thru the TrueScripts Prior Authorization process. Contraceptives not included in the above will be covered at the applicable Participant's cost share.

### Additional Preventive Care

Additional preventive prescription drug benefits covered according to the Affordable Care Act, (ACA), include the following if:

- Prescribed by a licensed prescriber;
- Are generic;
- Are brand-name drugs without a generic equivalent; and
- Are obtained from an in-network pharmacy:

*[remainder of page intentionally left blank]*

<b>Aspirin</b>	Quantity Limit: 1/day	Aspirin products up to 325mg	
<b>Bowel prep medications</b>	Age limit 50-75 years of age	All prescription products, including OTCs if processed as a prescription.	Clenpiq, Gavilyte, Gialax Kit, Goyltely, Moviprep, Nulytely, Osmoprep, PEG 3350, Peg-Prep, Plenvu, Suprep.
<b>Fluoride - Chemoprevention of dental cavities</b>	Age limit ≤ 6 years of age	Sodium fluoride products only, not in combination. · Sodium fluoride tab 0.5mg – 1mg · Sodium fluoride chew tab 0.25mg – 0.5mg · Sodium fluoride solution	· Sodium fluoride tab 0.5mg – 1mg · Sodium fluoride chew tab 0.25mg – 0.5mg · Sodium fluoride solution
<b>Folic Acid - Supplementation with folic acid</b>	Women planning or capable of pregnancy Quantity limit: 1/day	Folic acid products only, not in combination.	· Folic Acid tab 0.4mg and 0.8mg.
<b>Vitamin D for fall prevention</b>	Age limit ≥ 65 years of age	Vitamin D	
<b>Statins</b>	Age limit 40-75 years	All generic statin products in low to moderate doses, plus additional doses of generic statin products to the extent determined preventive by the Plan Administrator.	Atorvastatin 10mg, 20mg. Fluvastatin 20mg, 40mg. Lovastatin 10mg, 20mg. Rosuvastatin 5mg, 10mg. Pravastatin 10mg, 20mg. Simvastatin 5mg, 10mg, 20mg.
<b>Breast Cancer</b>	Females only, ages ≥ 35 years of age	Prescribed chemoprevention medications for women at increased risk of breast cancer.	Anastrozole 1mg, Exemestane 25mg, Raloxifene 60mg, and Tamoxifen 10mg, 20mg.
<b>Iron supplements</b>	Age limit 6 to 12 months at risk for anemia	All dosage forms covered.	
<b>PrEP</b>	PrEP diagnosis only	Generic Truvada	Emtricitabine and Tenofovir disoproxil fumarate 200mg/300mg (generic Truvada).
<b>Immunizations</b>	Any prescribed vaccination administered at a pharmacy.	Age limit ≥ 50 years of age for Shingrix and Zostavax	
<b>Tobacco Cessation</b>	Up to an 84-day supply of prescribed tobacco cessation drugs in 365 calendar days.	The prescriber must prescribe all smoking cessation products for use within the 12-week treatment time frame.	Nicotine patches, gum, lozenges. Chantix (may require Step Therapy).

### Other Terms

The Plan Administrator may approve certain charges or expenses that are otherwise excluded if it determines, in its sole discretion, that the Plan and participant will benefit, and there is a likelihood that Plan expenses will be reduced over the longer term. If third party funding, discount, or rebate is available, TrueScripts may allocate up to the total amount available proportionately over the remaining calendar months in the Plan Year and treat such proportionate amount as an excluded expense in each respective month.

This amendment complies with Federal Civil Rights Legislation involving benefits for employees and dependents. Nothing contained in this amendment shall be considered to alter or affect any of the terms of the Summary Plan Description of Greene County Employee Benefit Trust other than as specifically stated in the amendments.

IN WITNESS WHEREOF, The Plan has executed the Amendment on the <sup>15</sup> day of March, 2021.

Math L. Allen  
Signature

COMMISSIONER  
Official Title

March 2, 2021  
Date

Math L. Allen  
Witness