Summary of Changes in Health Coverage

Everence Insurance Company, as agent of the plan, has prepared this summary on behalf of the Mennonite Educators Benefit Plan for Bluffton University.

This summary briefly explains the changes made to the plan effective July 1, 2016. For easy reference, the headings correspond to those listed in your summary plan description. This summary is provided for informational purposes only. Please see your summary plan description for complete details and information.

Definitions

The following definition has been added to the plan:

Spouse — The individual legally married to the employee (as determined under applicable laws of the state in which the marriage was validly entered into) while the employee is enrolled in this plan. Spouse does not include an individual who is legally separated from the employee.

Covered Services – Prescription Drugs

The prescription drug coverage of this plan is now provided through CVS Caremark.

Prescription Drug Card

You have been given a prescription drug card which allows you to purchase prescription drugs at preferred prices. To take advantage of this arrangement, you must purchase prescription drugs at participating pharmacies. You can find the nearest participating pharmacy on the CVS Caremark website, www.caremark.com. This plan will not pay for any prescription drugs when purchased without the prescription drug card.

You may also purchase prescription drugs by mail through the CVS Caremark Mail Service Program. To sign up for this service you must complete and mail an order form to CVS Caremark at the address on the order form for your first prescription. Refills can then be ordered by calling CVS Caremark at (800) 966-5772 or following the instructions on the CVS Caremark website, www.caremark.com.

When you use your prescription drug card to purchase prescription drugs, you do not need to file a claim to receive benefits.

Compound Prescription Drugs

The plan will not cover compound prescription drugs that cost less than $300 and include an ingredient not approved by the U.S. Food and Drugs Administration.

In addition, compound prescription drugs costing $300 or more require preauthorization through CVS Caremark to ensure the medical necessity and appropriateness of the prescription.

You or your physician may call CVS Caremark at (800) 294-5979 to determine if a specific compound drug costs $300 or more and requires preauthorization prior to purchase at a participating pharmacy or through mail order. If a compound prescription drug requires preauthorization, your physician must obtain authorization through CVS Caremark at (800) 294-5979 prior to the dispensing of the drug. If the compound prescription drug is determined by CVS Caremark to be medically necessary and appropriate, the drug will be dispensed.

If you purchase a compound prescription drug that is not covered by the plan or if you do not obtain prior approval for a compound drug costing $300 or more through CVS Caremark, there are no plan benefits and you will be responsible for the total cost of the drug.

Prescription Drugs Costing $5,000 or More

All prescription drugs costing $5,000 or more require preauthorization through Everence Insurance Company (Everence) to ensure the medical necessity and appropriateness of the drug. This requirement does not apply to specialty pharmaceuticals which are required to be approved through CVS Caremark regardless of the cost.

You or your physician may call Everence at (800) 348-7468 to determine if a specific prescription drug costs $5,000 or more and requires preauthorization prior to purchase at a participating pharmacy or through mail order. If a prescription drug requires preauthorization, your physician must obtain authorization from Everence at (800) 348-7468 prior to the dispensing of the drug.
dispensing of the drug. If the prescription drug is determined by Everence to be medically necessary and appropriate, the drug will be dispensed.

If you do not obtain prior approval for a prescription drug costing $5,000 or more through Everence, there are no plan benefits and you will be responsible for the total cost of the drug.

Specialty Pharmaceuticals
Specialty pharmaceuticals include oral, injectable, and infused medications that are biopharmaceuticals (bioengineered proteins), blood-derived products, and complex molecules. In general, specialty pharmaceuticals include, but are not limited to blood modifiers and drugs prescribed for the treatment of respiratory syncytial virus (RSV), growth hormone deficiency, Crohn’s disease, hepatitis C, hemophilia, Gaucher’s disease, cystic fibrosis, multiple sclerosis, rheumatoid arthritis, asthma, enzyme replacement, immune deficiencies, pulmonary arterial hypertension, and other chronic low prevalence diseases.

You or your physician must obtain approval for all specialty pharmaceuticals through CVS Caremark at (800) 237-2767 before treatment initially begins and the drugs are purchased. You must purchase specialty pharmaceuticals as directed by CVS Caremark through an approved vendor in order for the drugs to be covered by the plan.

If you do not obtain prior approval for specialty pharmaceuticals through CVS Caremark or if you purchase the drugs from a non-approved vendor, there are no plan benefits and you will be responsible for the total cost of the drugs.

Maximum Quantity at Purchase
The maximum quantity you may purchase at one time when using your prescription drug card is limited to:
1. A 60-day or 100-unit supply – whichever is greater – if you purchase prescription drugs other than specialty pharmaceuticals at a participating pharmacy;
2. A 90-day supply – if you purchase prescription drugs other than specialty pharmaceuticals by mail order through the CVS Caremark Mail Service Program; and
3. A 30-day supply – if you purchase specialty pharmaceuticals as directed by CVS Caremark through an approved vendor (participating pharmacy and mail order).

75 percent of a prescription must be used before refill is allowed.

Miscellaneous Plan Information

Sources of funding
The increased premium contribution for an employee who does not complete wellness screening has been changed to $70 per month.