A. The Medical Benefits Program is a self-funded program administered by CoreSource, Inc. located in Overland Park, Kansas (see Appendix B).

The District offers a choice of two medical plans to choose from: The Basic Plan as described in item B below, and the Plus Plan as described in item D below. Each plan has specific deductibles and prescription benefits. New employees choose which plan they wish to enroll in for that specific calendar year, and all employees have the opportunity to switch plans in November during Open Enrollment. Deductibles are based on the calendar year, January-December.

B. Basic Plan: Effective January 1, 2015, the District’s Basic plan design is as follows:

<table>
<thead>
<tr>
<th>In-Network Services</th>
<th>$500 Individual Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,000 Family Deductible</td>
</tr>
<tr>
<td></td>
<td>80% Coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Network Services</th>
<th>$600 Individual Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,200 Family Deductible</td>
</tr>
<tr>
<td></td>
<td>70% Coinsurance</td>
</tr>
</tbody>
</table>

1. In-Network Providers: The current medical policy has a $500 individual deductible or $1,000 per family. Once the deductible has been met, eligible expenses are paid at 80% of “ordinary and customary rates.” The maximum out-of-pocket expense (including deductible) is $1,500 per individual or $3,000 per family if using Network Providers. Discounts for medical services are available for utilization of HealthLink, Inc. providers resulting in savings for the employee and the District’s benefits programs. Network providers file claims for services directly to HealthLink.

2. Out-of-Network Providers: The current medical policy has a $600 individual deductible per person or $1,200 per family. Once the deductible has been met, eligible expenses are paid at 70% of “ordinary and customary rates.” The maximum out-of-pocket expenses are $2,100 per individual or $4,200 per family if using out-of-network providers. In addition to the out-of-pocket expense, an out-of-network provider may bill the employee for the difference of the approved amount and the amount charged for any service provided. Employees must submit claims by using the out of network Medical Claim Form (see sample).

3. Assistance on claims and benefit information is available by contacting the District’s Employee Benefits office at (573) 214-3710.
C. Basic Plan – Prescription Drug Program: is a self-funded program administered by MedTrak Services, located in Overland Park, Kansas (see Appendix B).

1. The prescription drug card will allow employees enrolled in the District’s medical plan to purchase prescriptions that are covered expenses under the medical plan by simply paying a co-payment at the time of purchase. Prescriptions at a participating retail pharmacy, for up to a 30-day supply, will have co-payment amounts of (refer to the MedTrak Formulary in Appendix B for additional information):
   i. $15 for a generic drug
   ii. $30 for a preferred drug
   iii. $45 for non-preferred drug

   In addition, the participant will pay the difference between the brand name drug and generic drug whenever a generic is available, plus the applicable preferred brand or non-preferred brand copay, unless the covered individual’s physician provides a letter of medical necessity for the brand drug.

   There is also a mail order option for maintenance drugs. Through mail order an employee can purchase up to a three month supply at:
   i. $25 co-payment for a generic drug
   ii. $55 co-payment for a preferred drug
   iii. $90 co-payment for non-preferred drugs

   Please refer to the 2015 MedTrak Formulary in Appendix B for the listing of preferred drugs.

2. The prescription drug benefit will not be subject to the medical plan’s annual deductible, and the co-payment amounts will not count toward the deductible. However, these payments may be reimbursed through the District’s Section 125 Plan - Unreimbursed Medical.

3. To mail order prescription drugs, the Prescription Drug Mail Order Form must be submitted (see sample).

4. Assistance on the prescription drug card information can be obtained by contacting the District’s Employee Benefits office at (573) 214-3710.

D. Plus Plan: The Plus Plan is a federally qualified high deductible health plan which offers employees the opportunity to open a Health Savings Account (HSA) if the employee is eligible according to IRS guidelines. HSA money can be used for qualified medical expenses based on IRS guidelines.

   The Plus Plan is a self-funded program administered by CoreSource, Inc. located in Overland Park Kansas (see appendix B).

   Effective January 1, 2015, the District’s Plus Plan design is as follows:

   | In-Network Services | $1,400 Individual Deductible |
   |                     | $2,800 Family Deductible     |
   |                     | 100% Coinsurance             |

   | Out-of-Network Services | $4,200 Individual Deductible |
   |                         | $8,400 Family Deductible     |
   |                         | 70% Coinsurance              |
1. In-Network Providers: The Plus Plan has a $1,400 single deductible or $2,800 per family. Once the deductible has been met, eligible expenses are paid at 100% of “ordinary and customary rates.” The maximum out-of-pocket expense (including deductible) is $1,400 for single coverage or $2,800 for family coverage if using Network Providers. Discounts for medical services are available for utilization of HealthLink, Inc. providers resulting in savings for the employee and the District’s benefits programs. Network providers file claims for services directly to HealthLink.

2. Out-of-Network Providers: The current medical policy has a $1,400 single coverage or $2,800 for family. Once the deductible has been met, eligible expenses are paid at 70% of “ordinary and customary rates.” The maximum out of pocket expense (including deductible) is $4,200 for single coverage or $8,400 for family if using out-of-network providers. In addition to the out-of-pocket expense, an out-of-network provider may bill the employee for the difference of the approved amount and the amount charged for any service provided.

3. Employees must submit claims by using the medical claim form (see example).

E. Plus Plan Prescription Benefits:
   1. If you select the Plus Plan, the applicable Plan Year Deductible must be satisfied before prescription drugs will be covered under the Plan. This means you pay 100% of the prescription cost until your deductible has been met. After you meet your deductible, the plan pays 100% of covered prescription drug costs for the remainder of that plan year.
   2. Remember, even with the Plus Plan, you can take advantage of the mail order drug service to obtain prescriptions generally at a lower cost than what they would cost at a retail pharmacy.

F. The District implemented two new programs in conjunction with the medical benefits program effective November 1, 1990. These programs are: Utilization Review/Managed Care, to be administered by HealthLink, Inc.; and a preferred provider organization, as provided by HealthLink, Inc. (see Appendix B).

   1. Utilization Review includes a pre-admission review/certification for employees and their dependents participating in the District’s medical benefits program before hospitalization. This process will be required for participating employees and dependents. **Penalties will be assessed for noncompliance.**
      i. Pre-admission review/certification will be performed on all hospital admissions 24 hours a day, 7 days a week, and within 24 hours after emergency admission. The covered employee or dependent should inform the attending physician that the hospitalization is subject to utilization review. The covered employee or dependent should then contact HealthLink to provide the basic medical information regarding the proposed admission. HealthLink will then contact the attending physician to obtain more specific information.
      ii. Pre-admission review/certification information should be provided to HealthLink at:
         HEALTHLINK, INC.
iii. A penalty of 10% will be assessed for noncompliance with the preadmission review/certification process, up to a maximum of $500 (to be excluded from out-of-pocket and deductible limitations). Questions may be directed to HealthLink at the above address or phone number.

2. Managed Care – Healthlink will maintain a provider network, including hospitals, doctors, and other medical service providers, to provide necessary medical services for covered employees and dependents at negotiated rates. Discounts for medical services are available for utilization of HealthLink, Inc. providers resulting in savings for the employee and the District’s benefits program. To the extent savings are realized by the utilization of these providers, the District’s benefits program is able to maintain premium rates and/or the level of benefits. A directory of network participants is available on-line.

G. Health Savings Accounts

1. Annually, the District will determine the amount of District contribution to the active employee’s HSA.

2. The employee can contribute to the HSA, through pre-tax payroll deductions. Elections are made during open enrollment each year. The employee can also make in person deposits to the HSA and receive the similar tax credit on the deposits when filing taxes.

3. HSA allowable maximum contributions are determined annually by the Internal Revenue Code.

4. The HSA account balance rolls over each calendar year.

5. Money accumulated in the HSA must be used for qualified expenses only.

6. Assistance on claims and benefits information is available by contacting the District’s Employee Benefits office at (573) 214-3710.
Getting Started
It's easy to register and order your first prescription:

Online: Register at WalgreensHealth.com. From the registration confirmation page, follow the instructions to submit your new prescription.

By mail: Complete the registration form included with your enrollment packet. Mail the form along with your original prescription.

By phone: Call our Customer Care Center and have your insurance information handy.

Additional ordering options and registration:

- Ask your prescriber to electronically prescribe your new prescription.
- Fax: Use the enclosed fax form or fax to your local pharmacy. Include a fax from your prescriber.
- E-prescribe: If your prescriber has the capability to electronically prescribe, ensure that he or she do so.

If you need your medication right away:

- Mail: Process three prescriptions from your plan. One for an initial short-term supply (e.g., 30-day supply or the amount allowed by your plan) that your local pharmacy can fill immediately and one for a 90-day supply with three refills (or the maximum amount allowed by your plan) to mail to Walgreens.

- By law, prescription fax forms and e-prescriptions are valid only if sent from a prescriber's office.

Free standard shipping: Please allow 10 business days from the time you place your order until you receive it at the address you specified.

Flexible Payment Options
Payment in full—by credit card or check—is required with every prescription order. We accept all major credit cards. For your convenience, we can keep your credit card on file for future orders by adding it to your secure online account. Simply complete the fields on your registration form or call our Customer Care Center.

Mail prescriptions to:
Walgreens
P.O. Box 29061
Phoenix, AZ 85038-9061

Walgreens Customer Care Center
800-345-1889
Monday through Friday,
8 a.m. to 10 p.m. EST
Saturday and Sunday,
8 a.m. to 5 p.m. EST
Email: help@walgreens.com
TTY: 800-573-4853

Walgreens
Welcome to
Mail Service Pharmacy
Convenient, reliable delivery for the members of:
MEDTRAK
**THIS FORM MUST BE FAXED FROM A PRESCRIBER’S OFFICE TO BE VALID.**

### PATIENT SECTION

**Patient:** To have your order processed, you must be registered with and have current credit card and shipping information on file with Walgreens. You can register online at WalgreensHealth.com or by mail using the form included in your enrollment kit.

**IMPORTANT NOTICE:** It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens will dispense an FDA-approved generic equivalent if available, permitted by your prescriber and allowed by state law. If you do not want a generic equivalent or have questions regarding your mail service prescription(s), please call our Customer Care Center at 800-345-1905.

After you are registered, please print your member ID number listed on your ID card, your phone number and address in the space below and give this form to your prescriber to complete and fax to us.

<table>
<thead>
<tr>
<th>Member ID Number (Located on card)</th>
<th>Patient Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

### PRESCRIBER SECTION

**Prescriber:** Fax this completed form to Walgreens at 800-332-9581. Your signature and date are required. Most prescription drug plans allow up to a 90-day supply with three refills.

Print and use BLACK INK only. NOT VALID FOR CIVILIAN PRESCRIPTIONS.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Directions</th>
<th>Qty.</th>
<th># of Refills</th>
<th>DAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date**

**NPI#**

**DEA#**

Required for controlled substances.

**Prescriber Signature**

**Prescriber Name (Please print)**

**Prescriber Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescriber Phone**

**Prescriber Fax**

**Check box if this is a new fax number**

**CONFIDENTIAL INFORMATION.** All healthcare information is personal information as defined by applicable law and is subject to all laws and regulations that govern the collection, use, and protection of such information. It is hereby noted by user that user may be held criminally liable for the unauthorized disclosure of confidential information. The information is provided in strict confidence and user acknowledges that user is aware of and agrees to the terms of use and non-disclosure contained in this form, and agrees to keep the information confidential. This notice is provided to each prescription provider. The provider is responsible for notifying the customer of their responsibility to maintain confidentiality. The provider must inform the customer that any unauthorized release of this information is CRIMINALLY PUNISHABLE. If you receive this message for more than one patient, please report it immediately.

Revised names of patients under the age of 18.

©2010 Walgreens Co. All rights reserved.

MD02/1071