

Engility Corporation

**Your Summary Plan Description
for the Prescription Drug
Plan for Participants in the
Standard, Premium and Pre-
mium Plus CDHP Medical
Plans**

Effective January 1, 2016

This booklet summarizes the main provisions of the Prescription Drug Plan made available to participants in the following UnitedHealthcare Consumer Driven Health Plans (CDHPs):

- CDHP Standard
- CDHP Premium
- CDHP Premium Plus

This booklet describes the Prescription Drug Plan in effect as of January 1, 2016, and serves as the ERISA-required summary plan description (SPD) for the plan. It describes the prescription benefits as they apply to eligible, US based, non-SCA employees. Separate SPDs describe the medical benefits available to you through the medical plan you have chosen. For a copy of your medical plan SPD, please log on to <http://www.engilitycorp.com/benefits/legal-notice>.

We encourage you to read this SPD carefully and share it with your family members. If you have any questions about your benefits, please contact the Engility Benefits Service Center (1-877-248-8519) or Express Scripts, Engility's prescription drug benefit administrator, directly at 1-866-281-2409.

The Prescription Drug Plan is offered through the Engility Corporation Health and Welfare Plan. Note that this SPD is only a summary of the pharmacy benefits. Complete details of the pharmacy plan are contained in the legal plan documents for the Engility Corporation Health and Welfare Plan. If there is any difference between the information in this SPD and in the legal plan document, the plan document will govern.

This SPD contains a summary of the provisions of the plan as of the date of publication. Engility reserves the right to change or discontinue these benefits, in whole or in part, at any time in the future.

No provision of the Engility Corporation Health and Welfare Plan or the Prescription Drug Plan is to be considered a contract of employment between you and Engility.

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About Your Participation

This section includes important information about your participation in the Prescription Drug Plan (the “plan”), including eligibility information, when to enroll, when you can make election changes, paying for coverage and when coverage ends.

Who Is Eligible for Prescription Coverage

Employee Eligibility

You are eligible for the prescription drug coverage described in this SPD if you are covered under one of the following Engility medical plans through UnitedHealthcare (UHC):

- CDHP Standard
- CDHP Premium
- CDHP Premium Plus

Please refer to your medical plan SPD for a description of who is eligible for coverage under the medical plans.

Dependent Eligibility

Your eligible dependents can also participate in the Prescription Drug Plan if you elect coverage for them under your Engility medical plan. Please refer to your medical plan SPD to see who qualifies as a dependent under your Engility UHC medical plan.

About Domestic Partner Eligibility

Your domestic partner is eligible for prescription drug coverage if he or she is covered under your Engility UHC medical plan. Please refer to your medical plan SPD to understand how Engility defines domestic partners for benefit eligibility purposes.

When Prescription Benefit Coverage Begins

Your coverage under the Prescription Drug Plan begins when your medical plan coverage begins. Please refer to your medical plan SPD to see when coverage begins under the Engility UHC medical plan you elect.

Coverage Levels

The level of coverage you elect under your Engility UHC medical plan will apply to the Prescription Drug Plan as well. In other words, if you elect medical coverage for yourself under one of the Engility medical plans, you will have coverage for yourself under this Prescription Drug Plan. If you elect to cover yourself and your eligible dependents under one of the Engility medical plans, you and your dependents will be covered under this Prescription Drug Plan.

Paying for Prescription Benefit Coverage

The cost of the Prescription Drug Plan is included in the cost of the Engility UHC medical plan you elect. You and Engility share in the cost of your coverage.

Making Changes during the Year

Any changes you make to your medical coverage will apply to your prescription drug coverage. Please refer to your medical plan SPD to see the requirements for making changes during the year under your Engility UHC medical plan. Because you pay for your medical coverage with before-tax dollars, you may make changes during the year only if you have a change in your family status (referred to as a “family status change”) or if you experience a different event (referred to as “qualified life event”) permitting a mid-year election change. Please refer to your medical plan SPD for details on making changes in your coverage during the year.

HIPAA Special Enrollment Rights

Loss of Eligibility for Other Medical Coverage

The Prescription Drug Plan is considered a part of your group health plan under the law and, as such, the same HIPAA enrollment rights that would enable you to make enrollment changes during the year to your medical plan elections will apply and any medical plan changes you make also apply to your Prescription Drug Plan coverage. Please refer to your medical plan SPD for more details.

Loss or Gain of Eligibility for a State Children's Health Insurance Program (CHIP) or Medicaid

If you (the employee) are eligible for, but not enrolled in, an Engility UHC medical plan (or your dependent is eligible for, but not enrolled in, an Engility medical plan), you (and your dependent) may enroll in a medical plan (and automatically receive coverage under this Prescription Drug Plan) or switch medical benefit options in certain situations. Please refer to your medical plan SPD for information on special enrollment periods provided and contact information regarding State CHIP programs.

When Prescription Coverage Ends

Your coverage under this Prescription Drug Plan will end when your Engility UHC medical plan coverage ends. Please refer to your medical plan SPD to see when your medical coverage ends.

Your entitlement to benefits automatically ends on the date that coverage ends, even if you are hospitalized or are otherwise receiving medical treatment on that date.

Continuing Coverage When It Might Otherwise End

If you lose your Engility medical plan coverage, you may have the right to extend it under the Consolidated Budget Reconciliation Act of 1985 (COBRA). If you elect to extend your medical plan coverage through COBRA, your coverage under the Prescription Drug Plan is also extended. See the [“Continuation under COBRA”](#) section later in this SPD for more information.

You also may be able to continue coverage if you are on military leave (see the [“Continuation of Coverage for Employees in the Uniformed Services”](#) section or if you are on an approved Family and Medical Leave Act (FMLA) leave (see the [“Continuation of Coverage While on a Family and Medical Leave”](#) section).

How the Prescription Drug Plan Works

When you enroll in the CDHP Standard, CDHP Premium or CDHP Premium Plus medical plan, you are automatically enrolled in the Prescription Drug Plan administered by Express Scripts. You do not need to make a separate election to receive prescription drug benefits.

Under the Prescription Drug Plan, your cost is lower for generic and preferred brand-name prescription (formulary) drugs. Express Scripts has contracts with most chain and independent pharmacies nationwide.

Under the Prescription Drug Plan, you can obtain prescription drugs either through your local participating pharmacy or through the Express Scripts (ESI) Pharmacy home delivery program. The Prescription Drug Plan will reimburse you for prescription drugs filled at non-participating pharmacies; however, you will need to pay 100% of the cost and submit a claim to ESI. ESI will then reimburse you for the approved amount minus your applicable deductible and copay or coinsurance.

Putting the Plan to Work for You

	Express Scripts Retail Pharmacy Network For short-term medications (up to a 30-day supply)	Express Scripts Home Delivery Program For long-term medications (up to a 90-day supply)
Where	For a list of participating pharmacies, go to www.express-scripts.com and click on "Locate a Pharmacy", or call Member Services at 1-866-281-2409	Three options: 1) Go to www.express-scripts.com and register to start home delivery via ePrescribe; 2) Have your physician fax in your prescription to 1-888-EASYRX1 or 1-888-327-9791; OR 3) To make your request by mail, send your original prescription and the mail service order form to the ESI Pharmacy at the following address: ESI Pharmacy P.O. Box 66568 St. Louis, MO 63166-6568

	Express Scripts Retail Pharmacy Network For short-term medications (up to a 30-day supply)	Express Scripts Home Delivery Program For long-term medications (up to a 90-day supply)
		The mail service order form is available in the welcome kit you receive when you elect your coverage and also on www.express-scripts.com . From the website, go to Health and Benefits Information – Print and Request Forms and Cards. You may either print out the form or request to have one mailed to you
Web Services	Register at www.express-scripts.com to access tools to help you save money and manage your prescription benefits. You will need your prescription card when you register	
Customer Care	Call 1-866-281-2409 to reach Member Services	

Your prescription drug benefits count toward your medical plan deductible and out-of-pocket maximum, which are for medical and prescription drug expenses **combined**. That is, you pay the full cost of prescription drugs until you meet the annual deductible. Once you meet the deductible, Engility will pay the biggest portion of the cost. You pay the remaining portion, but only up to a maximum dollar amount per prescription. The amount you pay after the deductible is based on the type of drug you purchase and whether you use a retail pharmacy or the home delivery program, as shown below.

In addition, the plan covers certain preventive prescription drugs at 100%. A listing of preventive drugs is available at www.Engilitycorp.com/benefits.

Once your eligible combined out-of-pocket medical and prescription drug expenses (including your deductible, any coinsurance that applies and your copays) meet your medical plan's out-of-pocket maximum, the Prescription Drug Plan will cover 100% of eligible prescription drug expenses.

All plans have the same prescription drug provisions; only the deductibles and out-of-pocket maximums are different. The following chart summarizes the prescription drug coverage provided with enrollment in an Engility UHC medical plan.

	CDHP Standard	CDHP Premium	CDHP Premium Plus
Medical/Prescription Drug In-Network Deductible	\$4,500 per individual \$9,000 per family	\$3,000 per individual \$6,000 per family	\$1,500 per individual \$3,000 per family
Medical/Prescription Drug In-Network Out-of-Pocket Maximum	\$6,350 per individual \$12,700 per family	\$5,000 per individual \$10,000 per family	\$2,500 per individual \$5,000 per family
Preventive Drugs	100%		
Retail (up to a 30-day supply)	Generic: After deductible, you pay a \$5 copay Preferred Brand: After deductible, you pay 20%, to a \$50 maximum Non-Preferred Brand: After deductible, you pay 20%, to a \$75 maximum <i>Note: The difference in cost between a brand-name drug and a generic drug will not apply toward your deductible or out-of-pocket maximum, if there's a generic equivalent.</i>		
Home Delivery – the ESI Pharmacy (up to a 90-day supply)	Generic: After deductible, you pay a \$10 copay Preferred Brand: After deductible, you pay 20%, to a \$100 maximum Non-Preferred Brand: After deductible, you pay 20%, to a \$150 maximum <i>Note: The difference in cost between a brand-name drug and a generic drug will not apply toward your deductible or out-of-pocket maximum if there's a generic equivalent.</i>		
Specialty Drugs	If you have a specialty medication, you are required to fill your specialty medications through the Accredo Specialty Pharmacy or pay 100% of the cost of those medications at retail. Specialty drugs are filled initially for a 30-day supply and then, depending on the situation, subsequent fills may be for up to a 90-day supply based on plan rules. Your cost through the Accredo Specialty Pharmacy mirrors your retail or mail order costs shown above.		

Note: If you go to a non-participating pharmacy to fill a prescription, you will have to pay 100% of the cost of that drug. You will then need to submit a claim to ESI for reimbursement. ESI will reimburse you for the approved amount minus your applicable deductible and copay or coinsurance.

Your ID Card

When you first enroll in your Engility UHC medical plan, you will receive prescription drug identification cards from Express Scripts. If you elect more than coverage for yourself, you will receive two cards in your name. If you need additional cards (for instance, if your child is attending college out of town), you can request them by calling Express Scripts Member Services at 1-866-

281-2409. In an emergency, you are able to print a temporary identification card from Express Scripts' website, www.Express-Scripts.com. It is important to remember to use your Prescription Drug Plan ID card at the pharmacy rather than your medical plan insurance card.

When You Need to Fill a Prescription

When you need to fill a prescription, to receive the highest level of coverage, you can choose to go to your local participating retail pharmacy or, for home delivery, use the ESI Pharmacy. If your prescription is for a 30-day supply of a medication or less, one of the retail options is best. If you are filling a maintenance medication that you are expecting to take for a longer period of time, the ESI Pharmacy is your best choice.

Regardless of whether you choose a local retail pharmacy or the ESI Pharmacy, generic drugs are used to fill prescriptions whenever possible unless your doctor specifies otherwise. If you are prescribed a non-preferred brand-name drug, the pharmacist may contact your doctor to suggest that a non-preferred brand-name drug be substituted with a comparable drug from Express Scripts' National Preferred Formulary list. Your doctor decides whether or not to switch to the formulary drug.

If the patient or the doctor requests a brand-name medication when a generic equivalent is available, you will be responsible for your generic copayment plus the difference in price between the brand-name medication and its generic equivalent. This will apply even if the doctor writes "dispense as written" (DAW) on the prescription. If you order a brand-name medication that has a generic equivalent, the difference in cost between the brand-name medication and the generic medication will not apply toward the deductible or out-of-pocket maximum.

Express Scripts also provides "safety checks" at both its retail and home delivery pharmacies. Examples include checking for possible drug allergies or adverse interactions, incorrect dosage or strength and age- and sex-appropriate drugs. If there are any problems, Express Scripts contacts your doctor. Express Scripts, and not the plan, is solely responsible for these safety checks.

If you choose to have your prescription filled at a non-participating pharmacy, either at home or away (including while you are traveling outside the United States), you will need to pay 100% of the cost of your prescription. You may then submit a claim to ESI for reimbursement. ESI will reimburse you for the approved amount minus your applicable deductible and copay or coinsurance.

Retail Pharmacies

Express Scripts has contracted with thousands of retail pharmacies, including most major drug stores. These retail pharmacies in the Express Scripts National Plus Network are referred to as "participating pharmacies". To locate a participating pharmacy close to your home or other location, you can call Express Scripts Member Services at 1-866-281-2409 or check Express Scripts' website at www.express-scripts.com. You can purchase up to a 30-day supply of a covered prescription at one time at any participating retail pharmacy.

ESI Pharmacy for Home Delivery

Express Scripts offers the ESI Pharmacy to fill your long-term prescriptions through home delivery. When you use the ESI Pharmacy, your copayment for a 90-day supply will be lower than what you would have paid at a local participating pharmacy. You will also have the convenience of having your medications delivered right to you.

Using the ESI Pharmacy Program for the First Time

To start using the ESI Pharmacy home delivery program, you will need a new prescription from your doctor.

You may want to ask your doctor to write you a prescription for a 30-day supply of medication to be filled at a retail pharmacy and one for a 90-day supply to be filled through the ESI Pharmacy so that you have medication on hand while your mail order prescription is being filled. Choose one of these options for submitting the new prescription:

- **Online:** Register at www.express-scripts.com and start home delivery via ePrescribe, where the doctor sends your prescription electronically to the ESI Pharmacy
- **By fax:** Ask your doctor to fax your prescription to 1-888-EASYRX1 or 1-888-327-9791 (Only doctors can fax prescriptions)
- **By mail:** Complete the home delivery order form provided in your welcome kit and send the form, the prescription and your payment to the address on the form. You can also download a form at www.express-scripts.com.

Refilling Prescriptions Using the ESI Pharmacy: You can have your prescriptions refilled online, by phone or by mail. Be sure to reorder your prescription at least three weeks **before** you expect to run out of your medication. If you miss this deadline, you may ask your doctor to write you a prescription for a 30-day supply of medication to be filled at a retail pharmacy while you wait for your prescription from the ESI Pharmacy.

- **Online:** Log in at www.express-scripts.com. Click “Transfer to Home Delivery” next to your eligible prescriptions.
- **By phone:** Call 1-866-281-2409 and follow the prompts to refill a prescription using the automated phone service.
- **By mail:** Complete the refill slip that is enclosed in your medication package and mail it along with your payment in the envelope provided in the package.

You have the option of registering for the Automatic Refills program through www.express-scripts.com to have your refills automatically shipped when they are due to ensure you have your medication on time. When you enroll your eligible prescriptions in Automatic Refills, the home delivery pharmacy will automatically send your next eligible refill before your medication is due to run out, using your existing address and payment information. With your approval, Express

Scripts can even call your doctor when it's time to renew your prescription. To see if your prescriptions are eligible and to enroll in Automatic Refills, call Express Scripts Member Services at 1-866-281-2409 or log in at www.express-scripts.com. For safety and other reasons, some prescription medications, such as specialty drugs and controlled substances, cannot automatically be filled.

Take Advantage of the Express Scripts Mobile App: You can use the Express Scripts mobile app to transfer ongoing prescriptions to home delivery, order refills and renewals, check order status and more. To download the app, go to www.express-scripts.com/mobileapp.

Covered Medications

The Prescription Drug Plan provides coverage for federal legend drugs which are drug products bearing the legend, "Caution: Federal law prohibits dispensing without a prescription." The plan also covers certain prescription supplies, oral contraceptives and some compound medications.

For the Prescription Drug Plan to cover a prescription, the prescribed item must meet the following requirements:

- It must be a prescription written by a licensed physician and not have exceeded the accepted date range of validity. Prescriptions for all drugs other than controlled substances are valid for one year from the date they were written. Controlled substance prescriptions are valid for six months from the date they are written.
- It must be approved by the Federal Food and Drug Administration (FDA).
- It must be dispensed by a pharmacy.
- It must not be listed as an exclusion under this plan.

Prescription drugs covered by the plan are classified as either generic or brand-name drugs. Brand-name drugs are then considered either preferred brand-name (part of the Express Scripts formulary) or non-preferred brand-name (non-formulary). The plan uses the Express Scripts National Preferred Formulary. For detailed information on the National Preferred Formulary, visit <http://www.engilitycorp.com/benefits/transitioning-express-scripts-with-uhc>. Under "Maximize Your Plan", click on "Your Prescription Drug benefits" or visit www.express-scripts.com.

Preventive Drugs Covered at 100%

To comply with the Affordable Care Act (ACA), the Prescription Drug Plan covers certain drugs at 100%. For information on how preventive medications are covered with the limitations and exclusions that apply as required under the ACA, please use the "Price a Medication" application on the Express Scripts website, www.express-scripts.com. This application will tell you whether a drug is covered, the cost and if any limitations or exclusions (like step therapy, prior authorization or quantity limits) apply. Coverage of any medication requires a prescription from a licensed

health care provider. The ACA preventive drug list is subject to change as ACA guidelines are updated or modified.

Drugs the Plan Covers

The plan covers the following drugs:

- Federal legend drugs
- State restricted drugs
- Compounded medications of which at least one ingredient is a legend drug
- Insulin
- Needles and syringes
- Over-the-counter diabetic supplies (except Glucowatch products)
- Contraceptive injections
- Emergency contraceptives not including home delivery
- Inhaler assisting devices
- Fertility agents – all dosage forms
- Synagis/Respigam
- Antihemophilia agents
- Gardasil
- Systemed self-injectable drug list
- Drugs to treat impotency for males age 18 and over
- Retin A through age 25
- Nutritional therapy

More about the Formulary and Changes to It

The plan includes a list of preferred drugs that are either more effective at treating a particular condition than other drugs in the same class, or as effective as and less costly than similar medications. Non-preferred drugs may also be covered under the prescription drug program, but at a higher cost-sharing tier. Collectively, these lists of drugs make up the plan's formulary. The plan uses the Express Scripts National Preferred Formulary. The plan's formulary is updated periodically and is subject to change. To get the most up-to-date list of drugs on the formulary, visit www.express-scripts.com.

Drugs that are excluded from the plan's formulary are not covered under the plan unless approved in advance through a formulary exception process managed by Express Scripts on the basis that the drug requested is (1) medically necessary and essential to the patient's health and safety and/or (2) all formulary drugs comparable to the excluded drug have been tried by the patient. If approved through that process, the applicable formulary copay would apply for the approved drug based on the plan's cost share structure. Without this approval, if you or a covered dependent selects drugs excluded from the formulary, you will be required to pay the full cost of the drug without any reimbursement under the plan. If your physician believes that an excluded drug meets the requirements described above, your physician should take the necessary steps to initiate a formulary exception review.

The formulary will continue to change from time to time. For example:

- A drug may be moved to a higher or lower cost-sharing formulary tier.
- Additional drugs may be excluded from the formulary.
- A restriction may be added on coverage for a formulary-covered drug (e.g. prior authorization).
- A formulary-covered brand name drug may be replaced with a formulary-covered generic drug.

Please be sure to check before the drug is purchased to make sure it is covered on the formulary, as you may not have received notice that a drug has been removed from the formulary. Certain drugs even if covered on the formulary will require prior authorization in advance of receiving the drug. Other formulary-covered drugs may not be covered under the plan unless an established protocol is followed first; this is known as step-therapy. As with all aspects of the formulary, these requirements may also change from time to time.

Express Scripts Specialty Pharmacy Services

Specialty medications are drugs that are used to treat complex conditions including but not limited to cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. Accredo Health Group, Inc., an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs. Counseling, scheduled delivery and safety checks are just a few of the services that Accredo provides.

Under the Prescription Drug Plan, all of your specialty medications must be filled through the Accredo Specialty Pharmacy mail order service. The mail service copayment or coinsurance you have to pay will be based on the type of drug you are requesting (generic, preferred brand-name drug, non-preferred brand-name drug). If you do not go through the Accredo Specialty Pharmacy, you will pay the full cost for that drug.

When You Need to File a Claim Form

If, for some reason, you are filling a prescription at a participating pharmacy and you do not have your Prescription Drug Plan ID card with you, you may pay the full cost of your prescription and submit a claim form for reimbursement. You will also need to file a claim form for reimbursement if you go to a non-participating pharmacy to have a prescription filled.

To obtain a claim form, call Express Scripts' toll-free Member Services number 1-866-281-2409 or visit www.express-scripts.com to access and print claim forms. You should submit your claim form to:

Express Scripts
Attn: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

You may also fax your claim form to: 1-608-741-5475.

Your claim will be reimbursed according to the type of drug you purchased at an Express Scripts retail pharmacy. If you filled a prescription at a non-participating pharmacy, ESI will then reimburse you for the approved amount minus your applicable deductible and copay or coinsurance.

To find out if your pharmacy is affiliated with Express Scripts, for instructions on filing claims, for refills and for status of an order, call Express Scripts Member Services at 1-866-281-2409.

Limitations

If you are uncertain whether the drug that your physician has prescribed is covered by the Prescription Drug Plan, please call Express Scripts at 1-866-281-2409 to confirm. Also, refer to the section, "[Drugs That Are Not Covered](#)" for some of the drugs not covered by the plan. For more about limitations and exclusions, visit www.express-scripts.com.

Supply Limits

Some prescription drug medications are subject to supply limits based on Express Scripts' criteria. Supply limits, which are subject to periodic review and modification by Express Scripts, may restrict the amount dispensed per prescription order or refill and/or the amount dispensed for each month's supply. Limits are based on manufacturer suggested prescribing guidelines and may change from time to time. This does not affect the day supply limits which are part of the plan design and would only change if the plan design is changed. Currently, the days' supply limit in place is a 30-day supply at retail and, for maintenance drugs, a 90-day supply by mail through ESI Pharmacy. You may obtain information on maximum dispensing limits by either visiting www.express-scripts.com or by contacting Express Scripts at 1-866-281-2409.

Quantity Management

To help promote safe and effective drug therapy consistent with plan limits, certain covered medications may have quantity restrictions. These quantity restrictions are based on product labeling or clinical guidelines and are subject to periodic review and change. Examples include drugs used for hormone supplementation, multiple sclerosis and oncology drugs. Visit www.express-scripts.com for details on drugs with quantity restrictions or call Express Scripts Member Services for information.

Prior Authorization

For certain medications, the Prescription Drug Plan requires a coverage review or “prior authorization” by Express Scripts before benefits will be paid. This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan.

The list of medications that require prior authorization will change from time to time, and drugs that do not require prior authorization may require it in the future. To find out whether a medication requires a coverage review, log in to www.express-scripts.com anytime.

Prior authorizations, when approved, are typically approved for a one year period, unless otherwise noted.

Your physician may call Express Scripts at 1-866-281-2409 to request a prior authorization approval.

Step Therapy Requirements

Step therapy is a program designed to help you save money by using the most cost effective treatments if you have certain health conditions that require maintenance medications. It requires that you try a first line alternative, often a generic medication, to treat your medical condition. Then, based on your doctor’s review, if necessary, you may be able to move to a brand-name drug. However, if a brand-name drug is dispensed and there is a generic available, you will pay the cost difference between the generic and the brand-name drug. Some of the drugs that require prior authorization as described in the “[Prior Authorization](#)” section fall into this step therapy program. Please contact Express Scripts Member Services at 1-866-281-2409 or visit www.express-scripts.com for more specific information on the program.

Drugs That Are Not Covered

The plan will not cover certain drug categories. Following is a partial list of some of the drug categories not covered by this plan:

- Non-federal legend drugs
- Federal legend non-drugs
- Non-federal legend non-drugs
- Investigational drugs
- Abortifacients
- Contraceptive devices, legend (except as listed under [“Drugs the Plan Covers”](#))
- Home delivery of emergency contraceptives
- Home delivery of Relenza and Tamiflu
- Drugs to treat impotency for males under age 18 and for females
- Ostomy supplies
- Dental fluoride products, legend only except as covered under the ACA
- Biologicals, immunization agents, vaccines, allergy sera, blood or blood plasma products except as covered under the ACA or listed in the section [“Drugs the Plan Covers”](#)
- Injectable medications (unless specifically covered in the section [“Drugs the Plan Covers”](#))
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Retin A, all forms, all other situations
- Preventive drugs covered under the ACA as referenced in the section [“Preventive Drugs Covered at 100%”](#) if they are being prescribed in other than preventive situations

If you want to know if a specific drug is covered under the Prescription Drug Plan, go to the “Price a Medication” application on the Express Scripts website, www.Express-Scripts.com. That application will indicate whether a drug is covered, what it will cost and if any limitations or exclusions apply.

Drug Coverage Provided by Your Engility Medical Plan

Prescription drugs that are dispensed to you while in a hospital, either as an inpatient or as an outpatient at an approved outpatient facility, or while a patient in your doctor’s office, are covered under your Engility medical plan and not this Prescription Drug Plan and follow your medical plan

provisions. You must follow normal medical claim procedures for reimbursement for these drugs. Refer to your medical plan SPD for details on filing medical claims.

Additional Rules that Apply to this Prescription Drug Plan

Breast Reconstruction Benefits

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under The Women's Health and Cancer Rights Act ("WHCRA") of 1998.

If you (or a covered dependent) are receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses, and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your medical plan.

If you would like more information, contact your medical plan provider.

Maternity Admissions

Under federal law, group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to (a) less than 48 hours following a vaginal delivery, (b) or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and health care issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Qualified Medical Child Support Order (QMCSO)

The Prescription Drug Plan will comply with all the terms of a qualified medical child support order (QMCSO). A QMCSO is an order or judgment from a court or administrative body that directs the plan to cover a child of a participant under a medical plan and, as a result, under the Prescription Drug Plan. Federal law provides that a medical child support order must meet certain form and content requirements in order to be a qualified medical child support order. When an order is re-

ceived, each affected participant and each child (or the child's representative) covered by the order will be given notice of the receipt of the order and a copy of the plan's procedure for determining if the order is valid. Coverage under the plan pursuant to a medical child support order will not become effective until the plan administrator determines that the order is a QMCSO. If you have any questions or if you would like to receive a copy of the written procedure for determining whether a QMCSO is valid, please contact the Engility Benefits Department at Engility.Benefits@engilitycorp.com.

Subrogation and Right of Reimbursement

The plan has certain rights to subrogation and reimbursement. Please contact your plan administrator for more information on the plan's rights.

Circumstances That May Result in Denial, Loss, Forfeiture or Rescission of Benefit

Under certain circumstances, plan benefits may be denied or reduced from those described in this SPD. Cancellation or discontinuance of coverage is permitted if it has only a prospective effect on coverage, or is effective retroactively due to failure to pay required premiums or contributions.

Rescission of coverage is cancellation or discontinuance of coverage retroactively for reasons other than failure to pay required premiums or contributions. For example, rescission of coverage may be permitted in limited circumstances such as fraud or the intentional misrepresentation of a material fact. If coverage is subject to rescission, all affected participants must be provided with a written notice at least 30 days prior to the date of rescission.

How to Reach Your Provider

Prescription Drug Plan	Telephone Number	Website Address
Member Services	1-866-281-2409	www.express-scripts.com
Physician fax line for prescribers	1-888-EASY-RX1 or 1-888-327-9791	
Address for submitting claims	Express Scripts Attn: Commercial Claims P.O. Box 14711 Lexington, KY 40512-4711	
Express Scripts Mobile App	Free from Android and Apple App Stores: Download the app from www.express-scripts.com/mobileapp or search for "Express Scripts" in your app store	

Continuation of Your Medical Coverage

Continuation under COBRA

You may be able to continue coverage under the Prescription Drug Plan under certain conditions if you choose to continue your Engility medical plan coverage. Medical plan coverage may be continued under certain circumstances under the federal Consolidated Omnibus Reconciliation Act of 1985 (COBRA). Please refer to your medical plan SPD for information on when you may be able to continue your medical (and prescription drug) coverage when it would otherwise end. Please refer to your medical plan SPD for additional details.

Continuation of Coverage for Employees in the Uniformed Services

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) guarantees certain rights to eligible employees who enter military service. The terms “Uniformed Services” or “Military Service” mean the Armed Forces (i.e., Army, Navy, Air Force, Marine Corps, Coast Guard), the reserve components of the Armed Services, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty, the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency.

Your current medical and prescription drug coverage may continue during your military service.

If you choose not to continue your medical (and along with it, your prescription drug) coverage, while on military leave, you are entitled to reinstated health coverage with no waiting periods or exclusions (however, an exception applies to service-related disabilities) when you return from leave.

In general, to be eligible for the rights guaranteed by USERRA, you must:

- Return to work on the first full, regularly scheduled workday following your leave, safe transport home, and an eight-hour rest period, if you are on a military leave of less than 31 days
- Return to or reapply for employment within 14 days of completion of such period of duty, if your absence from employment is from 31 to 180 days
- Return to or reapply for employment within 90 days of completion of your period of duty, if your military service lasts more than 180 days.

Continuation of Coverage While on a Family and Medical Leave

Under the federal Family and Medical Leave Act (FMLA), employees are generally allowed to take up to 12 weeks of unpaid leave for certain family and medical situations and continue their elected medical coverage benefits during this time. Engility is required to maintain group health insurance coverage

for an employee on FMLA leave: a) if the employee had such insurance before taking the leave, and
b) on the same terms as if the employee had continued to work.

Please refer to your medical plan SPD for information on when you may be able to continue your medical (and prescription drug) coverage when you go on an FMLA leave.

Express Scripts Reviews and Appeals Overview

You must use and exhaust this plan's administrative claims and appeals procedure before bringing a suit in either state or federal court. Similarly, failure to follow the plan's prescribed procedures in a timely manner will also cause you to lose your right to sue regarding an adverse benefit determination.

You have the right to request an initial review for a medication that is not covered at point of sale at either retail or home delivery pharmacies to be covered or to be covered at a higher benefit (e.g., lower copay, higher quantity, etc.). The first request for coverage is called the initial coverage review. Express Scripts reviews both clinical and administrative coverage review requests:

- Clinical coverage review requests: A request for coverage of a medication that is based on clinical conditions of coverage that are set by the plan. For example, medications that require a prior authorization.
- Administrative coverage review request: A request for coverage of a medication that is based on the plan's benefit design.

How to Request an Initial Coverage Review

The preferred method to request an initial clinical coverage review is for the prescriber to submit the prior authorization request electronically. Alternatively, the prescriber or dispensing pharmacist may call the Express Scripts Coverage Review Department at 1-800-753-2851 or the prescriber may submit a completed coverage review form by faxing it to the number provided on the form. Forms may be obtained online at www.express-scripts.com/services/physicians. Home delivery coverage review requests are automatically initiated by the Express Scripts Home Delivery pharmacy as part of filing the prescription.

To request an initial administrative coverage review, you, your doctor or your dispensing pharmacist must submit specific information in writing to:

Express Scripts
Attn: Benefit Coverage Review Department
P.O. Box 66587
St. Louis, MO 63166-6587

If the patient's situation meets the definition of urgent under the law, an urgent review may be requested and will be conducted as soon as possible, but no later than 72 hours from receipt of request. In general, an urgent situation is one which, in the opinion of the patient's provider, the patient's health may be in serious jeopardy or the patient may experience severe pain that cannot be adequately man-

aged without the medication while the patient waits for a decision on the review. If the patient or provider believes the patient's situation is urgent, the expedited review must be requested by the provider by phone at 1-866-281-2409.

How a Coverage Review Is Processed

In order to make an initial determination for a clinical coverage review request, the prescriber must submit specific information to Express Scripts for review. For an administrative coverage review request, the member must submit information to Express Scripts to support his or her request. The initial determination and notification to patient and prescriber will be made within the specified timeframes as follows:

Type of Claim	Decision Timeframe	Notification of Decision	
		Approval	Denial
Standard Pre-Service*	15 days (retail) 5 days (home delivery)	Patient: Automated call (letter if call not successful)	Patient: Letter
Standard Post-Service	30 days	Prescriber: Fax (letter if fax not successful)	Prescriber: Fax (letter if fax not successful)
Urgent	72 hours**	Patient: Automated call and letter	Patient: Live call and letter
		Prescriber: Fax (letter if fax not successful)	Prescriber: Fax (letter if fax not successful)
<i>* If the necessary information needed to make a determination is not received from the prescriber within the decision timeframe, a letter will be sent to the patient and prescriber informing them that the information must be received within 45 days or the claim will be denied.</i>			
<i>** Assumes all information necessary is provided. If necessary information is not provided within 24 hours of receipt, a 48 hour extension will be granted.</i>			

Denial Process

An initial coverage/administration review will be denied if the necessary information needed to make a determination is not received from the prescriber within 45 days of the decision timeframe or the information received does not meet the approval standards. An appeal request for further review can be initiated at that point.

How to Request Appeals after Coverage Review Has Been Denied

Level 1 Appeal

Upon receipt of a denial notice, a covered member or authorized representative can request a level 1 appeal with Express Scripts within 180 days from receipt of a denial notice. To initiate an appeal, the

following information must be submitted by mail or fax to the appropriate department for clinical or administrative review requests:

- Name of patient
- Member ID
- Phone number
- The drug name for which benefit coverage has been denied
- Description of why the claimant disagrees with the denial

For clinical appeal requests, call/fax/mail to:

Express Scripts
Attn: Clinical Appeals Department
P.O. Box 66588
St. Louis, MO 63166-6588
Phone: 1-800-753-2851 (for expedited requests)
Fax: 1-877-852-4070

For administrative appeal requests, call/fax/mail to:

Express Scripts
Attn: Administrative Appeals Department
P.O. Box 66588
St. Louis, MO 63166-6588
Phone: 1-800-753-2851 (for expedited requests)
Fax: 1-877-328-9660

Notice of approval or denial will be sent out to you and your prescriber through mail or fax.

Level 2 Appeal

If a level 1 appeal is denied, a request for a level 2 appeal may be submitted by the member or authorized representative to Express Scripts within 90 days from receipt of notice of the level 1 appeal denial notice. You should submit required information to the appropriate address (same as the level 1 appeal shown in the section above).

Alternative Options

You can decide at any time during this process to either pay out of pocket or ask your prescriber for a covered alternative as stipulated in your benefit plan's design.

Your Rights under ERISA

As a participant in the Prescription Drug Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the plan administrator's office and at other specified locations, such as work sites, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

- Continue group health coverage for yourself, your spouse or your dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this SPD, your medical plan SPD and the documents governing the plan for the rules governing your COBRA continuation coverage rights. Remember, if you elect COBRA continuation of your Engility medical plan, your Prescription Drug Plan coverage will also be continued.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a plan benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a plan benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file a suit in a state or federal court – but only after you have exhausted the plan's claims and appeals procedure as described in the “[Express Scripts Reviews and Appeals Overview](#)” section. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in a federal court.

If it should happen that plan fiduciaries misuse the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 1-866-444-EBSA, logging on to www.dol.gov, or contacting the EBSA field office nearest you.

Plan Administration

This information about the administration of the plan is provided in compliance with the Employee Retirement Income Security Act (ERISA) of 1974, as amended. While you should not need these details on a regular basis, the information may be useful if you have specific questions about your plan. The Prescription Drug Plan is a component plan of the Engility Corporation Health and Welfare Plan. The details below refer to that plan.

DETAILS ABOUT PLAN ADMINISTRATION	
Plan Sponsor/Plan Administrator	Engility Corporation 3750 Centerview Drive Chantilly, VA 20151 Telephone Number: 1-703-375-6794
Employer Identification Number	04-2393618
Official Plan Name and Number	Engility Corporation Health and Welfare Plan / 501
Plan Year	January 1 through December 31
Type of Plan	Group health plan providing prescription drug benefits
Agent for Service of Legal Process	Engility Corporation 3750 Centerview Drive Chantilly, VA 20151 Legal process may also be served on the plan administrator
Claims Administrator	Express Scripts P.O. Box 14711 Lexington, KY 40512
Plan Funding	The Prescription Drug Plan is a self-insured plan. Benefits from this plan are paid from employee contributions (included as part of your medical plan contribution), as applicable, and from the general assets of Engility Corporation, as needed. Engility Corporation has contracted with Express Scripts to administer this plan

Plan Administrator's Discretionary Authority to Interpret the Plan

The administration of the plan will be under the supervision of the plan administrator. To the fullest extent permitted by law, the plan administrator will have the exclusive discretionary authority to determine all matters relating to the plan, including eligibility, coverage and benefits.

The plan administrator will also have the exclusive discretionary authority to determine all matters relating to interpretation and operation of the plan. The plan administrator may delegate any of its duties and responsibilities to one or more persons or entities. Such delegation of authority must be in writing and must identify the delegate and the scope of the delegated responsibilities. Decisions by the plan administrator, or any authorized delegate, will be conclusive and legally binding on all parties.

The Company's Right to Amend or Terminate the Plan

It is Engility's intent that the Prescription Drug Plan will continue indefinitely. However, the company reserves the right to amend, modify, suspend or terminate the plan, in whole or in part. Any such action would be taken in writing and maintained with the records of the plan. Plan amendment, modification, suspension or termination may be made for any reason, and at any time, and may, in certain circumstances, result in the reduction of or elimination of benefits or other features of the plan to the extent permitted by law.

Engility's rights include the right to obtain coverage and/or administrative services from additional or different insurance carriers, third-party administrators, etc., at any time, and the right to revise the amount of employee contributions. Employees will be notified of any material modification to the plan.

Limitation on Assignment

Your rights and benefits under the plan cannot be assigned, sold or transferred to your creditors or anyone else. However, you may assign your rights to benefits under the plan to the health provider who provided the medical services or supplies.

Your Employment

This SPD provides detailed information about the Prescription Drug Plan and how it works. This SPD does not constitute an implied or express contract or guarantee of employment. Similarly, your eligibility or your right to benefits under the Prescription Drug Plan should not be interpreted as an implied or express contract or guarantee of employment. Engility's employment decisions are made without regard to benefits to which you are entitled upon employment.