

**EASTERN CATHOLIC BENEFIT PLAN
SPECIALTY PHARMACY
MEDICAL EXPENSE REIMBURSEMENT PLAN

PLAN DOCUMENT AND SUMMARY PLAN
DESCRIPTION**

**A Medical Benefit Program incorporated under the Eastern Catholic Benefit Plan
Established Effective October 1, 2024**

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INTRODUCTION

The Metropolitan Archdiocese of Pittsburgh, Byzantine Rite a/k/a the Metropolitan Archeparchy of Pittsburgh, Byzantine Rite ("Plan Sponsor") has established the Eastern Catholic Benefits Plan Specialty Pharmacy Medical Expense Reimbursement Plan (referred to in this document as the "MERP"), effective as of October 1, 2024, to provide medical reimbursement benefits to Eligible Employees and their Dependents who are Members in the Under 65 Medical Benefit component of the Eastern Catholic Benefit Plan. Benefits are structured to provide point-of-sale coverage for certain high-cost brand drugs and specialty medications ("Scheduled Pharmaceuticals") which meet the terms and conditions of the MERP as set forth herein. This document serves as the plan document and summary plan description for the MERP.

The Plan Sponsor intends for the MERP to qualify as a health reimbursement arrangement as that term is defined under IRS Notice 2002-45 and a medical reimbursement plan under Sections 105 and 106 of the Internal Revenue Code of 1986, as amended ("Code"). The Plan Sponsor further intends that the MERP be treated as integrated with the Under 65 Medical Benefit component of the Eastern Catholic Benefit Plan for purposes of certain market reforms under the Patient Protection and Affordable Care Act, in accordance with Treasury Regulation Section 54.9815-2711(d).

The MERP is a part of, and incorporated by reference into, the Eastern Catholic Benefit Plan (the "Plan"), which is a "church plan" within the meaning of Code Section 414(e). As a church

plan, the MERP is exempt from certain federal requirements, including ERISA and COBRA.

Certain provisions of the Plan (such as, for example, provisions regarding eligibility, termination, claims procedures, and general plan administration) are incorporated herein by reference. Capitalized terms that are not defined in this document are defined in the Plan.

Throughout this document, "you" and "your" refer to an Eligible Employee or Spouse who is a Member in the Under 65 Medical Benefit component of the Plan and covered under the MERP.

The MERP is a carve-out prescription drug program administered by Liviniti and RxCompass (collectively, "RxCompass"). This means that medications that are eligible for coverage under the MERP are excluded (i.e., carved-out) from the prescription drug benefits offered through the Under 65 Medical Benefit.

ELIGIBILITY RULES

Member Eligibility

Each Eligible Employee and Dependent who is enrolled in and covered by the Under 65 Medical Benefit component of the Plan (a "Member") is automatically covered under the MERP, subject to the Member's right to waive coverage under the MERP as provided below.

Coordination with Under 65 Medical Benefit

Coverage of Scheduled Pharmaceuticals in the Under 65 Medical Benefit component of the Plan

is coordinated with, and subject to the terms and conditions of, your participation in the MERP. Therefore, notwithstanding anything stated to the contrary in the Under 65 Medical Benefit, your failure to comply with the required terms and conditions of the MERP with respect to claims for Scheduled Pharmaceuticals may result in limited or no coverage of the Scheduled Pharmaceuticals under the Plan.

To obtain the maximum coverage available for Scheduled Pharmaceuticals, it is very important that you provide all required information to determine your eligibility for assistance through RxCompass, as described in this document.

Member Contributions

Member contributions to the MERP are not required or permitted.

Termination of Participation

Except as provided below, your participation and the participation of your Dependents under the MERP will cease upon the earliest of:

- the date the MERP is terminated;
- the date of your death; or
- the date on which you are no longer a Member of the Under 65 Medical Benefit.

Notwithstanding the above, coverage under the MERP will continue for your Dependents who remain Members in the Under 65 Medical Benefit after you terminate participation, for so long as they remain eligible and enrolled in the Under 65 Medical Benefit under the terms of the Plan. For example, if you become Eligible for Medicare Coverage and transition to the Supplemental Medicare Benefit component of the Plan, your Dependents can remain enrolled in the Under 65 Medical Benefit and covered under

the MERP if they otherwise remain eligible. In addition, in the event of your death, your Dependents may continue to be Members for up to 90 days after the end of the month of your death if they otherwise remain eligible.

You and your Dependents are no longer entitled to any coverage under the MERP for Covered Expenses you incur following your or your Dependents' (as applicable) termination of participation. For this purpose, an expense is incurred as of the date the prescription is filled.

Waiver of Participation

As required under Treasury Regulation Section 54.9815-2711(d), you will have an opportunity each Plan Year to permanently opt out of and waive future reimbursements from the MERP. It is important to understand, however, that your waiver does not entitle you to additional benefits in the Under 65 Medical Benefit, and your benefits in the Under 65 Medical Benefit will at all times be administered as if you were eligible to receive coverage under the MERP. In deciding to waive the MERP, you may lose valuable coverage for Covered Expenses that are excluded from the Under 65 Medical Benefit due to this coordination.

BENEFITS

Benefits Provided

The MERP provides coverage to Members for Covered Expenses that are incurred during the Plan Year with respect to Scheduled Pharmaceuticals and are not otherwise reimbursed under (i) the Under 65 Medical Benefit, (ii) a financial assistance program available to you as determined by RxCompass, (iii) workers' compensation laws or similar state or federal programs, or (iv) any other group health plan.

Scheduled Pharmaceuticals

A "Scheduled Pharmaceutical" is a high-cost brand drug or specialty medication that is eligible for coverage as a Covered Expense under the MERP if all conditions set forth below are satisfied. Scheduled Pharmaceuticals are subject to change at any time. To learn whether a prescription is a Scheduled Pharmaceutical under the MERP, you can call (833) 652-8379. The hours of operation are Monday – Friday 8AM – 8PM CST and Saturday – Sunday 10 AM – 6PM CST. You can also email carenavigator@myrxcompass.com.

If you or your Dependents have been prescribed a Scheduled Pharmaceutical, it will be identified with a brief hold at the pharmacy. An RxCompass Care Navigator will be alerted and will contact you to discuss next steps for participation in the MERP. If you prefer, you may contact RxCompass at (833) 652-8379 to speak with a Care Navigator to begin this process.

Covered Expenses

A "Covered Expense" is an expense that meets all of the following criteria:

1. The expense was incurred by a Member for the purchase of a Scheduled Pharmaceutical provided by and through a contracted pharmacy or provider;
2. The expense meets the definition of "medical care" under Code Section 213(d);
3. All prior authorization requirements and medical necessity conditions set forth in the Under 65 Medical Benefit have been satisfied with respect to the Scheduled Pharmaceutical giving rise to the expense; and
4. The Member provides any information reasonably requested by RxCompass for

RxCompass to make a determination of the Member's eligibility for coverage, including through available financial assistance (this may include, for example, tax returns, pay statements, and documentation of loan obligations and other expenses).

Coverage Experience

An RxCompass Care Navigator will communicate with you via text or telephone to explain the coverage available for a Scheduled Pharmaceutical provided through the MERP. During the initial communication, the Care Navigator will determine your needs for an initial prescription fill to avoid any gaps in coverage (a "bridge fill") not to exceed a 90-day supply. If a bridge fill is authorized, your maximum payment responsibility will be \$35.

Coverage for a Scheduled Pharmaceutical following an initial bridge fill, if applicable, will be determined based on your eligibility for financial assistance to Members who are covered by the MERP. Based on this eligibility, the MERP will provide point-of-sale coverage for 100% of the Covered Expenses you incur on behalf of yourself or your Dependents, less the cost of any Member copays that are required for participation in a manufacturer coupon program, not to exceed \$35. Therefore, your maximum payment responsibility with respect to any covered prescription will be \$35.

IMPORTANT: Your failure to participate in the process required to determine eligibility for coverage may result in the Denial of your claims. Any Denial will be subject to the claims and appeals procedures under the Plan.

- Expenses for which you are under no legal obligation to pay.
- Expenses for any pharmaceuticals that are not currently approved as a Scheduled Pharmaceutical.
- Expenses for any pharmaceuticals that are not medically necessary, are considered experimental, or are considered an orphan drug.

By: William C Skurla

Print: Archbishop William C Skurla

Title: Archbishop & President

Date: August 26, 2024

ADDITIONAL INFORMATION

The MERP is not designed to discriminate in favor of highly compensated individuals (as defined in Code Section 105(h)). Notwithstanding, the Plan Sponsor reserves the right to limit, reallocate, or deny any benefit to any Member who is or was (if retired) a highly compensated individual to the extent necessary to avoid discrimination under Code Section 105(h). Any action pursuant to this paragraph shall be carried out in a uniform and non-discriminatory manner.

The MERP is intended to meet certain requirements of existing federal tax laws, under which the benefits you receive under the MERP are not generally taxable to you. However, the Plan Sponsor cannot guarantee the tax treatment to any given Member.

The Plan Sponsor has caused the MERP to be executed as of this date set forth below, to be effective as of the October 1, 2024.

"PLAN SPONSOR"

**METROPOLITAN ARCHDIOCESE OF
PITTSBURGH, BYZANTINE RITE**