

as soon as
Administratively
feasible

Exclusive Specialty Medicines Pharmacy (Applies to the Rx Portion of the Anthem Medical Plans)



- The Company is proposing that effective April 1, 2022, or 90 days after the ratification date, whichever is later (earliest effective date of the Program is April 1, 2022), all specialty medications would be filled through **Accredo**, the Express Scripts (ESI) specialty drug mail order pharmacy
 - At present, about 9,300 unionized and non-union Frontier employees are covered by this program, and the SaveOnSP program discussed later in the presentation, with no issues.*
 - The current plan provides coverage for three fills of specialty medications through a retail pharmacy; subsequent fills of the specialty drug must be made through Accredo, ESI's specialty drug mail order pharmacy.
 - On and after the effective date of the Program, employees and their covered dependents currently taking a specialty medicine(s), or prescribed a specialty medicine, would need to have the 1st fill (or 1st refill in 2022) of the prescription(s) made through Accredo. Subsequent refills would be through Accredo, as they are today.
 - Why the change? Transitioning to Accredo will allow for the introduction of the SaveOnSP program to be covered next in this presentation, a program that provides substantial cost savings to employees and the Company.
 - If someone uses a pharmacy other than Accredo for the 1st fill or any subsequent refill of any specialty drug, they will be subject to paying the entire cost of the medication(s), and this cost will not be applied to toward satisfying a participant's Annual Deductible and Maximum Out-of-Pocket (OOP).
 - When filling specialty drug prescriptions through Accredo, employees and covered dependents will receive a variety of specialty pharmacy services including:
 - **Safe, prompt delivery:** Accredo will schedule and quickly ship all your specialty medicines, including those that require special handling such as temperature-sensitive medicines to your location of choice
 - **Personalized care/support- 24/7:** you'll have access to a team of trained pharmacists and nurses around the clock to answer your questions and assist you in managing your condition
 - **Supplemental Supplies:** supplies, such as syringes, needles and sharps containers, will be provided with your medicine
 - **Refill reminder:** Accredo will contact you regularly to schedule your next refill and see how your therapy is progressing; for convenience, some specialty medicine refills can be ordered online, through express-scripts.com
 - **Drug safety monitoring:** Accredo can access your prescription information on file in all ESI pharmacies to monitor for potential drug interactions and side effects of your medications

* **Note:** Most plan participants will **NOT** be affected by this change, because they are not taking specialty medication(s), or they are currently filling their specialty medication(s) through Accredo.

Exclusive Specialty Medicines Pharmacy



Instructions on how to fill Specialty Medicines through Accredo

Get personalized care and order specialty medicines through Accredo.....

1.....2.....3

Call 800.803.2523
to speak with a patient-care representative

Accredo will contact your doctor
and start the arrangements to move your
specialty prescriptions

Accredo will call you back
to arrange for delivery of your medicine on a day
that is convenient for you

If you prefer, your doctor can call Accredo at 866.759.1557 to order your prescription. Make sure that you provide your doctor with your ESI member ID number located on your ESI ID-Card. Accredo will work with your doctor to make the necessary arrangements.

In advance of the Program effective date, ESI will mail announcement letters and call the patients who have been identified as taking a specialty medication within the past 120 days to help them transition their prescription to Accredo prior to the effective date of the Program. ESI will also contact the prescriber to assist in getting a new prescription.

SaveOnSP Program

(Applies to the Rx Portion of the Anthem Medical Plans)

- **Effective April 1, 2022, or 90 days after the ratification date, whichever is later (earliest effective date of the Program is April 1, 2022), the plans will be partnering with Express-Scripts' (ESI) "SaveOnSP", a specialty pharmacy co-payment assistance program, that provides substantial savings for employees and the Company for certain specialty drugs included in the program:**
 - By participating in this Program, there will be no employee co-pay for specialty drugs covered in the Program.
 - The program currently targets 150+ specialty medications in 19 therapy classes such as Oncology, Inflammatory, Multiple Sclerosis, Blood Cell Deficiency, Hepatitis C, Hereditary Angioedema, and Pulmonary Arterial Hypertension - for a current list of the specialty drugs included in the Program, visit www.saveonsp.com/frontier.
 - These are often drugs heavily advertised on TV that come at an unadvertised very high cost.
 - Below are a few examples of the specialty drugs included in SaveOnSP program:
 - Humira 40MG/0.8ML Syringe- Inflammatory Condition
 - Cosentyx 150MG/ML Pen Inject- Inflammatory Condition
 - Avonex Pen 30 MCG/0.5 ML Kit- Multiple Sclerosis Condition
 - Pulmozyme 1MG/ML Ampul- Cystic Fibrosis Condition
 - According to ESI, there are currently 14 CWA 1170 participants are using drugs targeted by the SaveOnSP program.
 - Below are the top 3 examples of specialty drugs utilized by CWA 1170 participants where the SaveOnSP program represents significant savings opportunity:

Drug Name	Drug Indication	Members Impacted	Formulary Status	Copay per 30-day Rx - w/o SaveOnSP	Copay per 30-day Rx - with SaveOnSP	Copay per 30-day Rx - with SaveOnSP EE can save up to \$480 per year
Humira Pen	All inflammatory Conditions, except Non-Radiographic Axial Spondyloarthritis	7	Formulary	\$40	\$0	EE can save up to \$480 per year
Stelara	Plaque psoriasis, ulcerative colitis, Crohn's disease	1	Formulary	\$40	\$0	EE can save up to \$480 per year
Enbrel	Psoriasis, rheumatoid arthritis,	1	Formulary	\$40	\$0	EE can save up to \$480 per year

SaveOnSP Program – Additional Information



Additional Information on SaveOnSP Program

- Certain specialty pharmacy drugs will no longer be considered Essential Health Benefits under the Affordable Care Act, and therefore the cost of such drugs will not be applied toward satisfying a participant's Annual Deductible and Maximum Out-of-Pocket (OOP).
- However, by using the SaveOnSP Program, an employee will incur no copayment cost because the cost of these drugs will be absorbed by the drug manufacturer's co-payment assistance (coupon).
- Participation in the SaveOnSP Program is voluntary; however, if an employee elects not to enroll in the Program but takes any of the specialty drugs that are part of the SaveOnSP Program, the employee will incur a copayment, up to the available manufacturer-funded copayment assistance that would have been available under the SaveOnSP Program. As noted, this copayment cost will not apply to satisfying the plan's annual deductible and maximum out-of-pocket.

SaveOnSP Program (Enrollment Process)



Enrollment in SaveOnSP

- Participants who are currently taking any of the specialty drugs that are part of the Program will be contacted by letters (and possibly a phone call) by SaveOnSP well in advance of the Program effective date, explaining the Program and how to enroll before the Program goes into effect
- Participants who have newly prescribed specialty drugs that are part of the Program on or after the Program effect date, will be contacted when they first attempt to fill their prescription through Accredo, and will be put in contact with SaveOnSP to enroll in the Program

Frontier Communications 2022 SaveOnSP Drug List

Please call 1-800-683-1074 to enroll. Once enrolled, your responsibility will be \$0.



Effective January 1, 2022

The SaveOnSP Drug List is subject to change at any time. The inclusion of a particular specialty prescription drugs within the SaveOnSP Program is subject to SaveOnSP Program design, as well as applicable laws or regulations. Prescription benefit plan terms will take precedence and determine access to all specialty prescription drugs on SaveOnSP Drug List; medical benefit drugs are excluded from the SaveOnSP Program. The specialty medications included on this list will have a 30% coinsurance, but with participation SaveOnSP your final cost will be \$0

A

Abraxane
Actemra
Acthar
Adakveo
Adecetris
Adcirca
Advate
Adynovate
Afinitor
Afstyla
Aldurazyme
Alecensa
AlphaNine
Alprolix
Alunbrig*
Ampyra
Arcalyst
Asceniv
Aubagio
Austedo
Avastin
Avonex
Avsola
Ayvakit*

B

Bafertam
Balversa*
Benefix
Benlysta
Beovu
Berinert
Betaseron
Blenrep*
Bosulif
Braftovi*
Brukinsa*

C

Cablivi*
Cabometyx
Calquence*
Caprelsa*
Carbaglu
Cayston
Cerdelga
Cholbam*
Cimzia
Cinryze
Cometriq
Copaxone
Copiktra*
Cosentyx
Cotellic
Crysvita
Cuvitru
Cyramza
Cystadrops*

D

Darzalex
Darzalex Faspro
Daurismo
Dojolvi
Doptelet
Dupixent

E

Elaprase
Elelyso
Eloctate
Empliciti
Enbrel
Enhertu
Enspryng
Entyvio
Epclusa
Erbitux
Erivedge
Erleada

Esbriet
Esperoct
Evenity
Evkeeza*
Exjade
Exondys 51*
Extavia
Eylea

F

Fabrazyme
Farydak
Fasenna
Feiba NF
Ferriprox*
Fintepla*
Firazyr
Firdapse*
Folotyn
Forteo
Fotivda*
Fulphila

G

Galafold
Gamifant*
Gammagard
Gattex
Gavreto*
Gazyva
Gilenya
Gilotrif
Givlaari
Glatiramer Acetate
Glatopa
Gleevec
Gocovri*
Granix

H

Haegarda

Halaven
Harvoni
Hemlibra
Herceptin
Herceptin Hylecta
Herzuma
Hetlioz
Humate-P
Humira
Hyqvia

I

Ibrance
Iclusig*
Idelvion
Idhifa
Ilaris
Ilumya
Imbruvica*
Imcivree*
Imfinzi
Increlex
Inflectra
Ingrezza*
Inlyta
Inqovi
Inrebic
Iressa
Istodax
Ixempra
Ixinity

J

Jadenu
Jakafi
Jemperli
Jevtana
Jivi
Juxtapid
Jynarque*

K

Kadcyla
Kalbitor
Kalydeco
Kanjinti
Kanuma
Kesimpta
Keveyis*
Kevzara
Kisqali
Kisqali Femara Co-Pack
Kogenate FS
Koselugo*
Kovaltry
Krystexxa
Kuvan

L

Ledipasvir/Sofosbuvir
Lemtrada
Lenvima
Letairis
Leukine
Libtayo*
Lonsurf
Lorbrena
Lucentis
Lumakras
Lumizyme
Lumoxiti*
Lupkynis*
Luxturna
Lynparza

M

Makena
Margenza*
Mayzent
Mekinist
Mektovi*

SaveOnSP, LLC | 40 La Riviere Drive, Suite 310 | Buffalo, NY 14202 | 800.683.1074

* Indicates drug not dispensed by Accredo Pharmacy. Continue to fill through approved pharmacy.

Mvasi
Myalept

N

Nerlynx
Neulasta
Neupogen
Nexavar
Nexvazyme
Ninlaro
Nityr
Nivestym
Northera
Novoeight
Novoseven RT
Nplate
Nubeqa
Nucala
Nulibry*
Nuplazid
Nuwiq
Nyvepria

O

Ocaliva
Ocrevus
Odomzo
Ogivri
Olumiant
Ontruzant*
Onureg
Opdivo
Opsumit
Orencia
Orenitram
Orfadin*
Orgovyx*
Orkambi
Orladeyo*
Otezla

Oxbryta
Oxervate
Oxlumo*

P

Padcev
Palyzinq
Pemazyre*
Perjeta
Phesgo
Piqray
Plegridy
Polivy
Poteligeo*
Procysbi
Promacta
Pulmozyme

Q

Qinlock*

R

Radicava*
Ravicti
Rebif
Rebinyn
Recombinate
Remicade
Renflexis
Retevmo
Revatio
Revcovi*
Riabni*
Rinvoq
Rituxan
Rituxan Hycela
Rixubis
Rozlytrek
Ruxience
Rybrevant

Rydapt

S

Sandostatin Lar Depot
Saphnelo*
Sapropterin
Sarclisa*
Serostim
Signifor*
Signifor LAR*
Siliq
Simponi
Skyrizi
Sofosbuvir/
Velpatasvir
Soliris
Somatuline Depot
Somavert

Sovaldi
Spinraza
Sprycel
Stelara
Stivarga
Strensiq*
Sublocade
Sutent
Sylvant*

T

Tabrecta
Tafinlar
Tagrisso
Takhzyro
Taltz
Talzenna
Tasigna
Tavalisse*
Tazverik*
Tecentriq
Tecfidera

Tegsedi
Tepezza
Thiola*
Tibsovo*
Tobi Podhaler
Tracleer
Trazimera
Tremfya
Trepstinil
Tretten
Trikafta
Triptodur*
Trodelvy*
Truseltiq*
Truxima
Tukysa*
Turalio*
Tykerb
Tysabri
Tyvaso

U

Udenyca
Ukoniq*
Ultomiris
Upravi

V

Valchlor
Vectibix
Venclexta*
Verzenio
Viltepso*
Vistogard*
Vittrakvi
Vizimpro
Vonvendi
Vosevi
Votrient
Vumerity

Vyleesi*
Vyndamax
Vyndaqel
Vyondys 53*
Vyxeos*

W

Wakix
Wilate

X

Xalkori
Xeljanz
Xembify
Xenazine
Xermelo*
Xgeva
Xolair
Xospata*
Xpovio*
Xtandi
Xyntha
Xyrem*

Y

Yervoy

Z

Zarxio
Zejula*
Zelboraf
Zeposia
Ziextenzo
Zirabev
Zokinvy*
Zolgensma
Zydelig
Zykadia
Zytiga

* Indicates drug not dispensed by Accredo Pharmacy. Continue to fill through approved pharmacy.