

# Snowflake Inc.

## 2024 Prescription Drug Summary Plan Description

This Summary Plan Description (SPD) outlines the basic features of the pharmacy benefit of the Snowflake Inc Welfare Benefits Plan (“Plan”) and how it operates to help you receive the maximum advantage from your pharmacy benefit. This SPD is effective January 1, 2024.

Your prescription drug benefit is administered by CVS Caremark, referred to herein as the Prescription Drug Plan. The prescription drug benefit is designed to bring you quality pharmacy care that will help you save money. All Cigna medical plan participants are automatically enrolled in the Prescription Drug Plan. There is no need to enroll in pharmacy benefits separately.

The information below is a brief summary of your prescription drug benefits and explanation of common terms. You may contact CVS Caremark at 1-866-242-0050, visit [caremark.com](https://www.caremark.com), or utilize the CVS Caremark mobile app for more details about the applicable coinsurance/copays and drug coverages under your Prescription Drug Plan.

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## Prescription Drug Coverage Highlights

The following provides an overview of the Prescription Drug Plan coverage. For detailed descriptions of your benefits, please carefully review this “Summary of Plan Benefits” section.

### Summary of Plan Benefits

#### Cost Sharing and Supply

You are responsible for paying any amounts due to the pharmacy at the time you receive your prescription drugs.

#### **Cigna / CVS HDHP Prescription Drug Benefits**

The Deductible and Out of Pocket Maximum for the Prescription Drug Plan is combined with the Medical plan. There is no separate deductible that must be satisfied for prescription drugs. If you are enrolled in the Cigna HDHP medical plan your combined Medical/Pharmacy annual Deductible is \$1,600 (individual) / \$3,200 (family) for in-network and out-of-network services. The combined Out-of-Pocket Maximum is \$3,000 (individual) / \$6,000 (family) for in-network and out-of-network services. The costs listed below represent your responsibility for the cost when utilizing an in-network pharmacy. You will pay the full retail cost of each prescription if you utilize an out-of-network pharmacy, but you may submit a claim to the Pharmacy Benefit Plan to be reimbursed for up to 50% of that cost.

	<b>Short-Term Medicines</b> Fill at any pharmacy in your plan’s network (Up to a 30-90-day supply)	<b>Long-Term Medicines</b> Fill at any pharmacy in your plan’s network or CVS Caremark Mail Service Pharmacy (Up to a 34-90-day supply)
<b>Generic Medications</b> Best option to help save you money	<b>\$10 copay after deductible</b> for a 30-day supply <b>\$20 copay after deductible</b> for a 90-day supply	<b>\$10 copay after deductible</b> for a 34-day supply <b>\$20 copay after deductible</b> for a 90-day supply
<b>Preferred Brand-Name Medications</b> Best option when a generic isn’t available	<b>\$25 copay after deductible</b> for a 30-day supply <b>\$50 copay after deductible</b> for a 90-day supply	<b>\$25 copay after deductible</b> for a 34-day supply <b>\$50 copay after deductible</b> for a 90-day supply
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>\$40 copay after deductible</b> for a 30-day supply <b>\$80 copay after deductible</b> for a 90-day supply	<b>\$40 copay after deductible</b> for a 34-day supply <b>\$80 copay after deductible</b> for a 90-day supply
<b>Specialty Medications</b>	<b>\$45 copay after deductible for a 30-day supply / \$90 copay after deductible for a 90-day supply</b> through a CVS Specialty Pharmacy	
<b>Annual Deductible</b>	\$1,600 per individual / 3,200 per family (integrated with medical)	
<b>Maximum Out-of-Pocket</b>	\$3,000 per individual / \$6,000 per family (integrated with medical)	
<b>Preventive Drug List</b>	HDHP Preventive Drug Lists bypass the deductible accumulations and pay at the coinsurance/copayment level. These medications will still accumulate towards the Maximum Out-Of-Pocket (MOOP). HDHP Preventive Drug Lists do not include separate Affordable Care Act (ACA) mandated drug categories. These lists are additional optional lists for preventive categories which bypass the Deductible. You can access your preventive Drug List on <a href="http://caremark.com">caremark.com</a> .	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates, “dispense as written”, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

### **Cigna / CVS PPO Prescription Drug Benefits**

There is no deductible that must be satisfied for prescription drugs under the Cigna PPO. The Out-of-Pocket Maximum for the Prescription Drug Plan is combined with the Medical plan. If you are enrolled in the Cigna PPO medical plan your combined Medical/Pharmacy Out of Pocket Maximum is \$3,000 (individual) / \$6,000 (family) for in-network and out-of-network services. The costs listed below represent your responsibility for the cost when utilizing an in-network pharmacy. You will pay the full retail cost of each prescription if you utilize an out-of-network pharmacy, but you may submit a claim to the Pharmacy Benefit Plan to be reimbursed for up to 50% of that cost.

	<b>Short-Term Medicines</b> Fill at any pharmacy in your plan's network (Up to a 30-90-day supply)	<b>Long-Term Medicines</b> Fill at any pharmacy in your plan's network or CVS Caremark Mail Service Pharmacy (Up to a 34-90-day supply)
<b>Generic Medications</b> Best option to help save you money	<b>\$10 copay</b> for a 30-day <b>\$20 copay</b> for a 90-day	<b>\$10 copay</b> for a 34-day <b>\$20 copay</b> for a 90-day
<b>Preferred Brand-Name Medications</b> Best option when a generic isn't available	<b>\$25 copay</b> for a 30-day <b>\$50 copay</b> for a 90-day	<b>\$25 copay</b> for a 34-day <b>\$50 copay</b> for a 90-day
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>\$40 copay</b> for a 30-day <b>\$80 copay</b> for a 90-day	<b>\$40 copay</b> for a 34-day <b>\$80 copay</b> for a 90-day
<b>Specialty Medications</b>	<b>\$45 copay for a 30-day supply / \$90 copay for a 90-day supply</b> through a CVS Specialty Pharmacy	
<b>Maximum Out-of-Pocket</b>	\$3,000 per individual / \$6,000 per family (integrated with medical)	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates, "dispense as written", you will pay the difference between the brand-name medication and the generic plus the brand copayment.

## Preventive Drug Cost Share

The Prescription Drug Plan comes with a Preventive Drug List. Medications on this list are not subject to your deductible. You will only pay the applicable copay/coinsurance for medications on this list, but they will still accumulate towards the annual out-of-pocket maximum. Non-preventive drugs are subject to the Deductible and the Out-of-Pocket-Maximum as listed for each plan above.

A current list of preventive drugs is available at [caremark.com/portal/asset/preventive\\_dl.pdf](http://caremark.com/portal/asset/preventive_dl.pdf) or by calling CVS Caremark at 1-866-242-0050.

The CVS Caremark preventive drug list complies with the Affordable Care Act (ACA). Changes made by CVS Caremark to its recommended list of preventive services will be based on, and generally consistent with, the introduction of new recommendations made by the United States Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP) and/or the Health Resources and Services Administration (HRSA) which are responsible under the ACA for making official recommendations related to the coverage of new preventive services by non-grandfathered plans.

## Vaccine Coverage

You have access to a broad retail vaccination network including more than 68,000 retail network pharmacies nationwide (including CVS Pharmacy locations). Seasonal vaccines can only be administered once the vaccine has been released to the marketplace by the manufacturer. Not all participating retail pharmacies will stock all available vaccines. Plan members should call the pharmacy to confirm availability.

The Prescription Drug Plan provides 100% coverage for certain seasonal vaccines:

- Injectable Seasonal Influenza Vaccine (Quadrivalent)
- Injectable Seasonal Influenza - Vaccine High-Dose

The Prescription Drug Plan also provides 100% coverage for certain non-seasonal vaccines per the Affordable Care Act (ACA) guidelines for preventive care.

The following have been designated as Preventive Care Vaccines for Adults under the ACA:

- Zoster (Shingles)
- Tetanus, Diphtheria Toxoids
- Hepatitis A & B

The following have been designated as Preventive Care Vaccines for Children under the ACA:

- Haemophilus B Haemophilus B,
- Hepatitis B Meningococcal, Haemophilus B, Tetanus
- Inactivated Poliovirus
- Rotavirus
- Measles, Mumps, Rubella, Varicella
- Diphtheria, Tetanus
- Diphtheria, Tetanus, Pertussis
- Diphtheria, Tetanus, Pertussis, Haemophilus B
- Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus
- Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Haemophilus B
- Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Hepatitis B

The following have been designated as Preventive Care Vaccines for Adults & Children under the ACA:

- Pneumonia
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Varicella
- Measles, Mumps, Rubella
- Meningococcal
- Tetanus
- Tetanus, Diphtheria, Pertussis

### **Refill requirements**

The Prescription Drug Plan requires a percent of days supply that must be used before the system will allow a refill:

- Retail: 30-34 days supply requires 75% of days supply used\*
- Mail Order: 90 days supply requires 75% of days supply used\*

\*Controlled substances require 80% of days supply be used

### **Cost Saver Program**

Where available and allowed by law, The Prescription Drug Plan utilizes the Caremark Cost Saver Program. This program allows an additional check for drug discount pricing from the discount vendor. The system will validate all possible discount prices available in real time and return the best price on the pharmacy transaction. If lower pricing is found, it will pass that savings on to the member. Any out-of-pocket expenses for Caremark Cost Saver Program claims still apply to plan accumulators.

### **Overrides**

The Prescription Drug Plan allows network pharmacies to submit Vacation, Lost/Damaged/Stolen or Dose Change overrides. A maximum of 2 prescription overrides for Vacation and 1 prescription override for Lost/Damaged/Stolen will be allowed based on a 365-day lookback.

When a Declaration of Emergency is issued by the state, CVS Health activates a standard process to ensure the “Refill Too Soon” edit is bypassed and allows for the claim to process according to the client’s plan design for members impacted in the affected areas. The process is activated when a Declaration of Emergency is issued by the state and stays in effect until the Declaration ends, or if no end date is indicated, for a period of 30 days from the date the Declaration is issued. The override allows a 10-day supply (excluding controlled substances) and pays according to the member’s plan design.

The prescription drug overrides exclude controlled substances.

### **Covered Drugs**

The Prescription Drug Plan covers a list of commonly prescribed medications that have been selected for their clinical effectiveness, safety, and cost—sometimes referred to as a Formulary. By asking your doctor to prescribe Formulary medications, you can help control healthcare costs while maintaining high

quality care. The Plan's Formulary is updated periodically and subject to change, including but not limited to additional exclusions of drugs, additional restrictions on covered drugs, and replacement of covered brand drugs with generic drugs.

The most current list of commonly covered drugs is available at [caremark.com](http://caremark.com) or by calling CVS Caremark at 1-866-242-0050.

## **How to Utilize Retail and Mail Order for Obtaining Prescription Drugs**

### **Pharmacy Information**

#### **Network Retail Pharmacy**

CVS Caremark has a nationwide network of retail pharmacies and a Home Delivery Pharmacy.

Once you enroll for medical coverage, you will receive a medical Identification (ID) card from Cigna that also lists your prescription drug coverage information through CVS Caremark (on the back of the card). To receive prescription drug benefits, you must present your identification card and fill your medication at a Network retail pharmacy. You must manually submit paper claims to the plan to receive out-of-network pharmacy benefits. For assistance submitting out-of-network claims contact CVS Caremark at 1-866-242-0050.

To fill an in-network retail prescription, present your written Prescription Order from your physician and your ID card to the pharmacist at a Network pharmacy. The pharmacy will file your claim for you. You will be charged at the point of purchase for applicable cost share. If you do not present your ID card, you will have to pay the full retail price of the prescription. You may submit a paper claim for reimbursement. Contact 1-866-242-0050 for information or visit [caremark.com](http://caremark.com) for a paper claim form.

To find the participating pharmacy nearest you contact CVS Caremark at 1-866-242-0050 or visit [caremark.com](http://caremark.com) to use the interactive pharmacy locator online.

#### **Mail Order / 90-day retail medications**

The Prescription Drug Plan offers you choice and savings when it comes to filling long-term prescriptions in 90-day supplies. Refer to the benefit details by plan earlier in this document for copays.

#### **Specialty Medications (CVS Specialty Pharmacy)**

The Prescription Drug Plan requires that specialty medication be filled through the CVS Specialty Pharmacy. You can choose to pick up your medication at any CVS Pharmacy (including those inside Target stores) or you can have it delivered by mail anywhere that's convenient – even your doctor's office.

Standard maximum day supply limits for specialty medications follow the limits for retail and mail order as listed for the above plans. Specialty medication cost share is the same for all tiers.

The CVS Specialty Pharmacy also provides you with access to a dedicated care team of nurses, pharmacists, and support coordinators who work together to provide education on drug therapy and side effects, and encourage you to adhere to your regime. For more information call CVS Specialty at 1-800-237-2767 or visit [CVSspecialty.com/getting-started/welcome.html](http://CVSspecialty.com/getting-started/welcome.html).

## **Bridge Supply**

The Prescription Drug Plan can offer a bridge supply for members transitioning to mail service by allowing a short-term supply (5 days) at CVS Caremark Pharmacies ONLY. Plan member only pay their mail service copayment and will receive the remaining balance of their 90-day supply from mail service.

## **Clinical Management and Prior Authorization**

The covered Prescription Drug list (also known as the Formulary) and applicable clinical management programs are subject to periodic review and amendment. Inclusion of a drug or related item on the covered Prescription Drug list is not a guarantee of coverage.

## **Dispensing Limits**

Quantity Limits establish a maximum quantity allowed over a period of time for medications with potential for overuse and misuse. At the time you fill a prescription, the Network pharmacist is informed of the Quantity Limit requirements through the pharmacy's computer system. Or you may visit [caremark.com](http://caremark.com) or contact 1-866-242-0050 to determine if your drug has quantity limits.

## **Medications Requiring Prior Approval**

Prior Authorization may be required for certain prescription drugs (or the prescribed quantity of a particular drug). Prior Authorization helps promote appropriate utilization and enforcement of guidelines for prescription drug benefit coverage. At the time you fill a prescription, the Network pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system. CVS Caremark uses pre-approved criteria. CVS Caremark may contact your Provider if additional information is required to determine whether Prior Authorization should be granted. CVS Caremark communicates the results of the decision to both you and your Provider.

If Prior Authorization is denied, you have the right to appeal. The provider, pharmacist, or member may initiate an appeal by calling the phone number listed on the denial communication.

For a list of the current Drugs requiring Prior Authorization, please contact CVS Caremark at 1-866-242-0050.

## **Step Therapy**

Certain classes of drugs may require you to try a certain drug before a Non-Preferred drug is covered by the plan. At the time you fill a prescription, the Network pharmacist is informed of any Step Therapy requirements through the pharmacy's computer system. Contact CVS Caremark at 1-866-242-0050 for additional information on the step therapy process and for a list of drugs subject to step therapy.

## **Member Services**

If you have general questions about your pharmacy benefits you may call CVS Caremark at 1-866-242-0050.

## Pharmacy Benefit Limitations and Exclusions

The prescription drug exclusions are in addition to the exclusions listed under your medical coverage. The Prescription Drug Plan does not cover the following expenses:

- Administration or injection of any drug.
- Any charges in excess of the benefit, dollar, day, or supply limits stated in this SPD.
- Any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this SPD, or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.
- Any drugs or medications, services and supplies that are not medically necessary, as determined by CVS Caremark, for the diagnosis, care or treatment of the illness or injury involved. This applies even if they are prescribed, recommended or approved by your physician or dentist.
- Biological sera, blood, blood plasma, blood products or substitutes or any other blood products.
- Contraception: Over-the-Counter ("OTC") contraceptive supplies including but not limited to: condoms, contraceptive foams, jellies and ointments; and Services associated with the prescribing, monitoring and/or administration of contraceptives.
- Cosmetic drugs, medications or preparations used for cosmetic purposes or to promote hair growth, including but not limited to health and beauty aids, chemical peels, dermabrasion, treatments, bleaching, creams, ointments or other treatments of supplies, to remove tattoos, scars or to alter the appearance or texture of the skin.
- Drugs administered or entirely consumed at the time and place it is prescribed or dispensed.
- Drugs which do not, by federal or state law, require a prescription order (i.e., over-the-counter ("OTC") drugs), even if a prescription is written, unless otherwise specified.
- Drugs provided by, or while the person is an inpatient in, any healthcare facility; or for any drugs provided on an outpatient basis in any such institution to the extent benefits are payable for it.
- Drugs used primarily for the treatment of infertility (injectable or oral), or for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures.
- All drugs or medications in a therapeutic drug class if one of the drugs in that therapeutic drug class is not a prescription drug.
- Therapeutic devices or appliances, including hypodermic needles, support garments, ostomy supplies, durable medical equipment, and nonmedical substances regardless of intended use.
- Experimental or investigational drugs or devices. This exclusion will not apply with respect to the following: Drugs that have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; and CVS Caremark determines, based on available scientific evidence, are effective or show promise of being effective for the illness.
- Food items: any food item, including infant formulas, nutritional supplements, vitamins, including prescription vitamins, medical foods and other nutritional items, even if it is the sole source of nutrition.
- Genetics: Any treatment, device, drug, or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.
- Implantable drugs and associated devices.
- Injectables: Any charges for the administration or injection of prescription drugs or injectable insulin and other injectable drugs covered by CVS Caremark; Injectable agents, except insulin; Needles and syringes, except for diabetic needles and syringes; Injectable drugs if an alternative oral drug is available; For any refill of a designated self-injectable drug not dispensed by or obtained through the specialty pharmacy network.
- Insulin pumps or tubing or other ancillary equipment and supplies for insulin pumps.



- Prescription drugs for which there is an over-the-counter (“OTC”) product which has the same active ingredient and strength even if a prescription is written, unless otherwise specified.
- Prescription order filled prior to the effective date or after the termination date of coverage under this SPD.
- Refills in excess of the amount specified by the prescription order. Before recognizing charges, CVS Caremark may require a new prescription or evidence as to need, if a prescription or refill appears excessive under accepted medical practice standards.
- Refills dispensed more than one year from the date the latest prescription order was written, or as otherwise permitted by applicable law of the jurisdiction in which the drug is dispensed.
- Replacement of lost or stolen prescriptions, unless otherwise specified in this SPD.
- Drugs, services and supplies provided in connection with treatment of an occupational injury or occupational illness.
- Strength and performance: Drugs or preparations, devices and supplies to enhance strength, physical condition, endurance or physical performance, including performance enhancing steroids.
- Test agents except diabetic test agents
- Fluoride or periodontal products

## Claims & Appeals Process For Your Prescription Drug Claims

### Filing a Claim

The Prescription Drug Plan allows for a member who forgot their insurance prescription drug card to pay the full price at a pharmacy and then file a paper claim to be reimbursed by providing a copy of the receipt. The Plan allows for a claim to be submitted within 365 days from the prescription fill date. If a claim is not submitted within 365 days from the prescription fill date, the claim will not be considered valid and will be denied.

To submit a claim log into your [caremark.com](https://www.caremark.com) account or contact CVS Caremark at 1-866-242-0050.

### Appeals

#### How to Appeal a Denied Claim

If you wish to appeal a denied pre-service request for benefits, post-service claim or a rescission of coverage as described below, you or your authorized representative must submit your appeal in writing within 180 days of receiving the adverse benefit determination. You do not need to submit Urgent Care appeals in writing. This communication should include:

- A clear statement the communication is intended to appeal an Adverse Benefit Determination or Adverse Coverage Determination;
- Name of the person for whom the appeal is being filed. The member or the prescriber may file an appeal. The member may also have a relative, friend, advocate, or anyone else (including an attorney) act on their behalf as their authorized representative;
- CVS Caremark identification number;
- A statement of the issue(s) being appealed;
- Drug name(s) being requested; and
- Comments, documents, records, relevant clinical information or other information relating to the Claim

You or your authorized representative may send a written request for an appeal to:

CVS Caremark Appeals Department Mail Code 109  
PO Box 52084  
Phoenix, AZ 85072-2084

Fax # 1-866-443-1172

For Urgent Care requests for benefits that have been denied, you or your provider can call CVS Caremark at the toll-free number on your Prescription Drug Card to request an appeal.

## **Eligibility, Enrollment and Continuation Rights**

Participation in this Prescription Drug Program is tied to enrollment under the Snowflake Cigna medical plans. Plan eligibility, enrollment, and continuation rights are outlined in the Cigna medical plan SPDs.

## **ERISA Information**

The name of the Plan is:

Snowflake Inc. Welfare Benefits Plan

The name, address, ZIP code and business telephone number of the sponsor of the Plan is:

Snowflake Inc.  
106 East Babcock Street, Suite 3A  
Bozeman, MT 59715  
(844) 766-9355

Employer Identification Number (EIN): 46-0636374

Plan Number: 501

The name, address, ZIP code and business telephone number of the Plan Administrator is:

Attention: Benefits Manager, US  
Snowflake Inc.  
106 East Babcock Street, Suite 3A  
Bozeman, MT 59715  
(844) 766-9355

The name, address and ZIP code of the person designated as agent for service of legal process is:

General Counsel  
Snowflake Inc.  
106 East Babcock Street, Suite 3A  
Bozeman, MT 59715  
(844) 766-9355

The office designated to consider the appeal of denied claims is:

The CVS Caremark Claim Office responsible for this Plan

The cost of the Plan is shared by Employee and Employer.

The Plan year ends on 12/31.

Plan Type: The plan is a healthcare benefit plan.