

PRESCRIPTION DRUG BENEFITS – ACTIVE & RETIREE

Retail Pharmacy Co-Payment (up to a 30-day supply or 100-unit dose)	
Generic Drugs and Medicines	\$5
Brand Name:	
Preferred Brand Name	\$30
Non-Preferred Brand Name	\$40
Mail Service Pharmacy Co-Payment (up to a 90-day supply or 300-unit dose)	
Generic Drugs and Medicines	\$15
Brand Name:	
Preferred Brand Name	\$70
Non-Preferred Brand Name	\$100
Retail Non-Participating Pharmacy Co-Payment (up to a 30-day supply or 100-unit dose)	
Generic Drugs and Medicines	\$20
Brand Name:	
Preferred Brand Name	\$70
Non-Preferred Brand Name	\$100

Participating pharmacies ("Participating Pharmacies") have contracted with the Plan to charge Participants reduced fees for covered Drugs. Participants will be issued an identification card to use at the pharmacy at time of purchase. Participants will be held fully responsible for the consequences of any pharmacy identification card after termination of coverage. No reimbursement will be made when a Drug is purchased from a non-Participating Pharmacy or when the identification card is not used.

The Mail Order Option is available for maintenance medications (those that are taken for long periods of time, such as Drugs sometimes prescribed for heart Disease, high blood pressure, asthma, etc.). Because of the volume buying, the mail order pharmacy, is able to offer Participants significant savings on their prescriptions.

The copayment is applied to each charge and is shown on the Summary of Benefits, above. The copayment amount is not counted toward any out of pocket maximums under the Plan.

Covered Expenses

The following are covered under the Plan:

Bee Sting Kits. Charges for EPI PEN and Ana Kit.

Compounded Prescriptions. All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.

Contraceptives. Oral contraceptives.

Retin-A. Up to 25 years of age.

Required by Law. All Drugs prescribed by a Physician that require a prescription either by Federal or State law, except injectables (other than insulin) and the Drugs excluded below.

Limitations

The benefits set forth in this section will be limited to:

Dosages.

1. With respect to the Pharmacy Option, any one prescription is limited to a 30 day supply.
2. With respect to the Mail Order Option, any one prescription is limited to a 90 day supply.

Refills.

1. Refills only up to the number of times specified by a Physician.
2. Refills up to one year from the date of order by a Physician.

Exclusions

In addition to the General Limitations and Exclusions section, the following are not covered by the Plan:

Administration. Any charge for the administration of a covered Drug.

Consumed Where Dispensed. Any Drug or medicine that is consumed or administered at the place where it is dispensed.

Experimental Drugs. Experimental Drugs and medicines, even though a charge is made to the Participant.

Fertility Agents. Charges for fertility agents.

Immunizations. Immunization agents or biological sera.

Impotency. A charge for impotency medication, including Viagra.

Institutional Medication. A Drug or medicine that is to be taken by a Participant, in whole or in part, while confined in an Institution, including any Institution that has a facility for dispensing Drugs and medicines on its premises.

No Charge. A charge for Drugs which may be properly received without charge under local, State or Federal programs.

Non-Insulin Syringes/Needles. Charges for non-insulin syringes and needles.

Non-Prescription Drug or Medicine. A Drug or medicine that can legally be bought without a prescription, except for injectable insulin.

Over-the-counter Drugs. Charges for over-the-counter Drugs:

1. Class V Drugs.
2. Diabetic Supplies.
3. Diagnostics.
4. Medical Devices and Supplies.
5. Vitamins.

Smoking Deterrents. A charge for Drugs or aids for smoking cessation, including, but not limited to, nicotine gum and smoking cessation patches.

Vitamins. Vitamins, except pre-natal vitamins.