

Prescription Drug Benefit

FAST FACTS:

- You have a \$15 copayment for generic drugs when you use a participating pharmacy.
- Save money by using the mail-order service to fill prescriptions for maintenance medications and receive up to a 102-day supply per copayment.

Your Plan includes coverage for most prescription drugs utilizing Express Scripts as the Pharmacy Benefit Manager. You have the option of purchasing drugs from a retail pharmacy or, if you take medication on a regular basis for a condition (maintenance medication), you can take advantage of the mail-service program.

Express Scripts also provides a customer service line 866-544-2926.

You must follow the requirements of utilization review, individual case management, tiered (or step) therapies and any prior authorization from Express Scripts. If you do not do so, your benefits involving these programs may be reduced or denied. Specifically, you may still be responsible for the difference between any allowed charge, as determined by these programs, and the provider's actual charge.

Retail Pharmacy

The Plan provides coverage for prescription medication that you purchase from a retail pharmacy. You may receive a 34-day supply. Your copayment is based on the type of drug prescribed:

- \$15 copayment for generic drugs;
- \$30 copayment for preferred brand-name drugs; and
- \$45 copayment for non-preferred brand name drugs.

Mail-Service Prescription Program

The mail order program is a convenient way for you to receive any medication, particularly maintenance drugs or medications that you require on an ongoing basis. Examples of maintenance drugs include those you take for high blood pressure, heart conditions or diabetes. Because you know in advance that you will need this medication, it is easy to establish a routine of filling these prescriptions by mail.

You can receive up to a 102-day supply of maintenance medication at one time from the mail order service prescription program. When you use the Mail Order Program, your copayments are:

- \$30 copayment for generic drugs;
- \$60 copayment for preferred brand-name drugs; and
- \$90 copayment for non-preferred brand-name drugs.

Generic Drugs

Generic drugs are a less expensive alternative to brand name drugs. The generic version of any particular drug is the chemical equivalent of its brand name counterpart. It contains identical active chemical ingredients and must meet the same manufacturing standards and federal requirements for safety and effectiveness as a brand name drug.

Prescription Drug Benefit	Participating Provider	Non-Participating Provider
Retail Pharmacy	\$15 generic/\$30 preferred brand/ \$45 non-preferred brand for a 34-day supply	You pay the full amount and apply for reimbursement through Express Scripts.
Mail Order	\$30/generic/\$60 preferred brand/ \$90 non-preferred brand for a 102-day supply.	
Specialty Drugs	There may be certain restrictions and limitations on Specialty Drugs. Contact Express Scripts for details.	

How to Use the Mail Service Prescription Program

Be sure your written prescription provides all of the following information:

- Patient's full first and last name;
- Doctor's name;
- Exact strength, quantity and dosage; and
- Diagnosis, if required for that drug.

Send your profile card and your copayment to:

Express Scripts
Home Delivery Service
P. O. Box 747000
Cincinnati, OH 45274-7000

Delivery

Your order will be processed within 48 hours of receipt of the prescription and will be shipped via UPS or First Class Mail. Please allow 7 to 10 working days for delivery.

Ordering Refills

The profile information is only required with your first mail order. After your first order, you may phone in your refills by calling 866-544-2926. You may receive one refill per prescription.

Prescription Drugs That Are Covered

- Legend drugs. Any drug whose label must bear the legend "Caution Federal Law Prohibits Dispensing Without a Prescription;"
- State restricted drugs. Any drug that can be dispensed in a state or jurisdiction by prescription only;
- Compound medications. Any drug mixture which contains at least one legend drug or state restricted drug;
- Injectable insulin and the following diabetic supplies:
 - Insulin syringes and needles;
 - Urine testing strips for glucose;
 - Lancets;
 - Alcohol swabs;
 - Ketone testing strips;
 - Lancet devices;
 - Blood testing strips for glucose;
 - Ketose tablets;
 - Oral contraceptives;
- Tretinoin, all dosage forms (e.g. Retin-A), for acne only for participants or their dependents under age 26;
- Maintenance drugs;

- Prenatal vitamins, single entity vitamins and injectable vitamins;
- Infertility medications, including clomiphene (tablet) and Pergonal and Metrodin (injectable); and
- Self-administered injectibles.

Prescription Drugs That Are Not Covered

In addition to the General Exclusions, no benefits are payable under this provision for:

- Non-federal Legend drugs, except injectable insulin;
- Therapeutic devices or appliances, including hypodermic needles, syringes (except those used for injectable insulin), syringes (except those used for covered injectable drugs or vitamins), support garments and other non-medical items, regardless of their intended use;
- Any charge for the administration of a Prescription Drug;
- Drugs labeled: “Caution—limited by federal law to investigational use” or experimental drugs, even if a charge is made to the insured;
- Any prescription refilled in excess of the number specified by the physician, or any refill dispensed after one year from the date of the original prescription;
- Any drug dispensed during confinement in a hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home or similar institution which has on its premises a facility for dispensing pharmaceuticals;
- Any drug that is provided without charge under local, state or federal programs;
- Immunization agents, biological sera, blood or blood plasma;
- Drugs whose sole purpose is to promote or stimulate hair growth;
- Tretinoin, all dosage forms (e.g. Retin-A) for individuals age 26 or older;
- Growth hormones; or
- Appetite suppressants, except Desoxyn and Dexedrine when medically necessary for Attention Deficit Disorder (ADD) and Narcolepsy.
- Any drugs that are not medically necessary.