

## **PRESCRIPTION DRUG BENEFITS**

### **Pharmacy Benefit Manager (PBM)**

Prescription drug expenses are handled through a PBM who is contracted with by the Plan. Information will be furnished to you regarding the name of the PBM and how to access their services. The PBM has contracted with the Plan to provide Covered Persons with access to covered Prescription Drugs.

When you obtain a prescription from a physician, you will contact the PBM through their toll free telephone number that will be provided. The PBM will provide you with information directing you to the pharmacy in your area with the lowest price for your prescriptions. You will know the price of the prescriptions before you buy them.

### **Co-payments**

If you choose to buy your prescription at the lowest cost pharmacy in your area, you will pay the applicable co-pay. If you decide on another, more expensive pharmacy, you will pay the difference between the lowest price at the lowest cost pharmacy in your area and the price of the more expensive pharmacy.

Any amount paid as a co-payment under the Prescription drug plan is not covered under the Medical Plan. The prescription drug co-payments do not accumulate to the maximum out-of pocket per Calendar Year.

### **Emergency/Out-of Area**

If you are out of the area and require prescription drugs as a result of the emergency you will pay the applicable co-pay.

### **Mail Order Drugs/Maintenance Medication**

Maintenance medications (those that are taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, high cholesterol, etc.) will be provided through a mail order service through the PBM. In most instances, the cost of getting the medication through the mail order service is the least expensive. If this is the case, and you purchase your prescriptions through the mail order service, you will pay the applicable co-pay. If you choose to purchase your prescription at a more expensive retail pharmacy, you will pay the difference between the lower price offered by the mail order service and the higher price of retail pharmacy.

### **Covered Prescription Drugs**

- (1) All drugs prescribed by a Physician that require a prescription either by federal or state law except for those drugs stated as not covered under this Plan. See "Expenses Not Covered" section of this document.
- (2) All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.
- (3) Insulin and other diabetic supplies when prescribed by a Physician.

## **Limits to This Benefit**

The covered drug charge for any one prescription will be limited to:

- (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.

Any one pharmacy prescription is limited to a 30-day supply. Any one mail order prescription is limited to a 90-day supply.

## **Prescription Drug, Pharmaceutical and Other Supplements and Devices for Which Expenses Not Covered**

This benefit will not cover a charge for any of the following:

- (1) **Administration.** Any charge for the administration of a covered Prescription Drug.
- (2) **Appetite suppressants.** Appetite suppressants, dietary supplements or vitamin supplements, except for prenatal vitamins requiring a prescription or prescription vitamin supplements containing fluoride.
- (3) **Consumed on premises.** Any drug or medicine that is consumed or administered at the place where it is dispensed.
- (4) **Devices.** Devices of any type, even though such devices may require a prescription. These include (but are not limited to) therapeutic devices, artificial appliances, braces, support garments, or any similar device.
- (5) **Dietary Supplements.** Charges for dietary supplements, including vitamins (except prenatal), and fluoride supplements.
- (6) **Drugs administered by the prescriber.** Charges for medications or drugs delivered or administered by the prescriber.
- (7) **Drugs used for cosmetic purposes.** Charges for drugs used for cosmetic purposes, such as anabolic steroids, Retin A or medications for hair growth or removal.
- (8) **Elective Enhancement.** Elective or voluntary enhancement procedures, services, supplies and medications, including, but not limited to, weight loss, hair growth, sexual performance, cosmetic purposes, anti-aging, and mental performance, including medicines to treat erectile dysfunction, impotency, anorgasmia or hyporgasmia.
- (9) **Experimental.** Experimental and/or Investigational drugs and medicines, even though a charge is made to the Covered Person, including any drug not approved by the FDA.
- (10) **FDA.** The United States Food and Drug Administration.
- (11) **Growth hormones.** Charges for drugs to enhance physical growth, athletic performance or appearance.
- (12) **Immunization.** Immunization agents or biological serum
- (13) **Impotence.** A charge for impotence medication.

- (14) **Infertility.** A charge for infertility medication, including injectable infertility drugs.
- (15) **Injectable supplies.** A charge for hypodermic syringes and/or needles (other than for insulin).
- (16) **Inpatient medication.** A drug or medicine that is to be taken by the Covered Person, in whole or in part, while Hospital confined. This includes being confined in any institution that has a facility for the dispensing of drugs and medicines on its premises.
- (17) **Investigational.** A drug or medicine labeled: "Caution - limited by federal law to investigational use".
- (18) **Lost or stolen prescriptions.** A charge to replace a lost or stolen prescription.
- (19) **Medical exclusions.** A charge excluded under Medical Plan Exclusions.
- (20) **No charge.** A charge for Prescription Drugs that may be properly received without charge under local, state or federal programs.
- (21) **Non-legend drugs.** A charge for FDA-approved drugs that are prescribed for non-FDA-approved uses.
- (22) **No prescription.** A drug or medicine that can legally be bought without a written prescription, including non-prescription contraceptive shields, ointments or forms. This does not apply to injectable insulin. This also applies to drugs for which there is a non-prescription equivalent available, even if ordered by a physician.
- (23) **Refills.** Any refill that is requested more than one year after the prescription was written or any refill that is more than the number of refills ordered by the Physician.
- (24) **Saline.** Any charge for saline and medications for irrigation.
- (25) **Smoking cessation.** A charge for Prescription Drugs, such as nicotine gum or smoking deterrent patches, for smoking cessation.
- (26) **Therapeutic devices or appliances.** A charge for a therapeutic device or appliance, including, but not limited to, hypodermic needles, syringes, support garments, other non-medical substances, pen fills, pen needles, insulin pen devices, insulin pumps and related supplies (other than diabetic supplies).
- (27) **While Not Covered.** A charge for a drug or medication purchased and received prior to the date the Covered Person became covered or after the Covered Person's coverage ceased under the Plan.
- (28) **Workers' Compensation.** A charge for a medicine for which the cost is recoverable under workers' compensation or occupational disease law or any state or government agency or any medication furnished by any other drug or medical service for which no charge is made to the patient.

