

PRESCRIPTION DRUG BENEFIT RIDER
20/35/75 Copayment Plan

This Rider is made part of the Plan Document/Summary Plan Description to which it is attached. Benefits provided by the Rider are not subject to the Plan Calendar Year deductible or coinsurance amounts. Copayment amounts accumulate to the individual and family out of pocket amounts listed below. All provisions of the Plan Document/Summary Plan Description, which are inconsistent with this Rider, are applicable.

PRESCRIPTION DRUG BENEFIT

**Individual Out of Pocket Maximum is COMBINED with the Medical Plan
Family Out of Pocket Maximum is COMBINED with the Medical Plan**

Pharmacy Option and Specialty Medications

Generic drugs

Copayment \$20.00

Formulary Brand Name drugs

Copayment \$35.00

Non-Formulary Brand Name drugs

Copayment \$75.00

Mail Order Prescription Drug Option

Generic drugs

Copayment \$25.00

Formulary Brand Name drugs

Copayment \$45.00

Non-Formulary Brand Name drugs

Copayment \$110.00

Diabetes Management Program Supplies

Copayment \$0

PRESCRIPTION DRUG BENEFITS

Pharmacy Drug Charge

Participating pharmacies have contracted with the Plan to charge Covered Persons reduced fees for covered Prescription Drugs.

Copayments

The copayment is applied to each covered pharmacy drug or mail order drug charge and is shown above. The copayment amount is not a covered charge under the Medical Plan. Any one pharmacy prescription is limited to the greater of a 30-day supply or a 100 unit dose. Any one mail order prescription is limited to the greater of a 90-day supply or a 300-unit dose. If a Covered Person purchases a brand name drug when a generic is available and allowed by the Physician, the Covered Person must also pay the difference in cost between the brand name and generic drug.

If a drug is purchased from a non-participating pharmacy, or a participating pharmacy when the Covered Person's ID card is not used, the amount payable will be the (contracted) ingredient cost and dispensing fee.

Mail Order Drug Benefit Option

The mail order drug benefit 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 volume buying, the mail order pharmacy is able to offer Covered Persons significant savings on their prescriptions.

Covered Prescription Drugs

- (1) All drugs prescribed by a Physician that require a prescription either by federal or state law. This includes prescription contraceptive drugs, but excludes any drugs stated as not covered under this Plan.
- (2) All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.
- (3) Insulin and other diabetic equipment and supplies, when prescribed by a Physician and filled through the Diabetes Management Program, for the care and treatment of diabetes for a Covered Person who has been diagnosed with: insulin dependent or non-insulin dependent diabetes; elevated blood glucose levels induced by pregnancy; or another medical condition associated with elevated blood glucose levels.

This includes diabetes equipment and supplies as follows:

- blood glucose monitors, including noninvasive glucose monitors and monitors for use by or adapted for the legally blind;
- test strips for use with a corresponding glucose monitor;
- lancet and lancet devices;
- visual reading strips that test for glucose, ketones and protein;
- insulin and insulin analog preparations;
- insulin syringes;
- biohazard disposable containers, if provided automatically at no charge with syringe

- order (if purchased separately, see benefits for diabetes in Plan Document);
- external insulin pumps with a National Drug Code Directory number and the following associated appurtenances:
 - insulin infusion devices;
 - skin preparation items, limited to alcohol swabs and items requiring a prescription order;
 - insulin cartridges, unless covered under the diabetes benefit in the Plan Document; and
 - other required disposable supplies requiring a prescription order;
 - prescription drugs for controlling the blood sugar level;
 - glucagon emergency kits; and
 - other treatment and monitoring equipment, requiring a prescription order, approved by the United States Food and Drug Administration, if medically necessary and deemed appropriate by the treating physician through a written order.

Limits To This Benefit

This benefit applies only when a Covered Person incurs a covered Prescription Drug charge. 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.

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.** A charge for appetite suppressants, dietary supplements or vitamin supplements, except for prenatal vitamins requiring a prescription or prescription vitamin supplements containing fluoride.
- (3) **Abortifacients** or other drugs or devices intended to terminate a pregnancy.
- (4) **Consumed on premises.** Any drug or medicine that is consumed or administered at the place where it is dispensed.
- (5) **Contraceptive devices.** Contraceptive devices approved by the United States Food and Drug Administration are eligible for coverage under the Medical Plan.
- (6) **Cosmetic agents.** Charges for drugs used for cosmetic purposes, such as anabolic steroids, Retin A or medications for hair growth or removal for members age 26 or older. The drug Accutane is not covered, regardless of member age.

- (7) **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.
- (8) **Experimental.** Experimental drugs and medicines, even though a charge is made to the Covered Person.
- (9) **FDA.** Any drug not approved by the Food and Drug Administration.
- (10) **Growth hormones.** Charges for drugs to enhance physical growth or athletic performance or appearance.
- (11) **Immunization.** Immunization agents or biological sera.
- (12) **Impotence.** A charge for impotence medication. Prescription Drugs are covered for Erectile Dysfunction (ED) and Benign prostatic hyperplasia (BPH) diagnosis with medical necessity and limitations. ED is limited to 6 pills per 30 day supply and BPH is limited to 30 pills per 30 day supply.
- (13) **Infertility.** A charge for infertility medication.
- (14) **Injectable Supplies.** Non-diabetic syringes and needles.
- (15) **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.
- (16) **Investigational.** A drug or medicine labeled: "Caution - limited by federal law to investigational use".
- (17) **Medical exclusions.** A charge excluded under Medical Plan Exclusions.
- (18) **No charge.** A charge for Prescription Drugs which may be properly received without charge under local, state or federal programs.
- (19) **Non-legend drugs.** A charge for FDA-approved drugs that are prescribed for non-FDA-approved uses.
- (20) **No prescription.** A drug or medicine that can legally be bought without a written prescription. This does not apply to treatment of diabetes.
- (21) **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.