

## ***VII. PRESCRIPTION DRUG BENEFITS***

### **A. BENEFIT PAYABLE**

Benefits are provided through your MedTrak prescription drug card program. Charges that **you** or **your dependents** incur as a result of an **illness** or **injury** while covered under the Plan, will be paid at 100% for covered **medically necessary** prescription drugs in excess of the **co-payment** required for each prescription or refill as shown in the Schedule of Benefits.

If **you** purchase a brand name medication when a generic is available, **you** must pay the generic **co-pay** plus the entire cost difference between the brand name and generic drug. This additional payment will not be required if your **physician** prescribes the brand name medication for specific medical reasons.

If **you** are a member of Class 2, **you** are no longer eligible for Prescription Drug Benefits after exhausting the hours in your Hour Bank account.

No prescription drug benefits will be payable under this Plan for individuals who have prescription drug coverage under another plan that is primary. For details on determining primary plan coverage, please refer to the section entitled, "Coordination of Benefits and Excess Coverage," beginning on page 85.

### **B. PARTICIPATING PHARMACIES**

Prescriptions may be filled at any pharmacy. However, only pharmacies designated by MedTrak will accept your retail prescription card and entitle **you** to the lower participating pharmacy **co-payment** amount shown in the Schedule of Benefits. The **co-payment** must be paid directly to the pharmacy. If **you** obtain a prescription at a non-participating pharmacy, **you** must pay in full when **you** receive the prescription and submit your receipt by mail to MedTrak for review and reimbursement.

### **C. PRIOR AUTHORIZATION**

Some drugs are covered only for the treatment of certain conditions as **medically necessary**. Such drugs require prior authorization before **you** may fill a prescription. To obtain Prior Authorization, **you** should contact MedTrak at 1-800-771-4648.

#### **D. COVERED PRESCRIPTIONS**

Drugs are limited to a 34-day supply per prescription or refill, except maintenance drugs (prescriptions dispensed through the mail order program to treat chronic or long-term conditions), which are limited to a 100-day supply for each prescription or refill.

All drugs must be obtained from a licensed pharmacy with a **physician's** written prescription.

A covered charge is considered **incurred** on the date the prescription is dispensed by the pharmacist.

The following drugs are covered under the Plan's prescription drug benefits:

1. Prescription legend drugs (any drug whose label must bear the legend: "Caution Federal Law Prohibits Dispensing Without a Prescription");
2. Any other drug which under applicable state law may only be dispensed with a prescription;
3. Compound medications with at least one prescription legend or state restricted drug ingredient;
4. Injectables and insulin (one copayment per type of insulin for 34-day supply);
5. Diabetic Supplies;
6. Legend prenatal, pediatric, single entity and injectable vitamins;
7. Vitamin D and Niacin (including Niaspan);
8. Oral contraceptives;
9. Plan B, emergency contraception for covered individuals under age 18, for which a prescription is required;
10. Erectile dysfunction drugs (such as Viagra, Cialis and Levitra) limited to 8 pills per 34-day supply;
11. Fluoride products, including Peridex.
12. Prescription smoking cessation medications for **participants** and covered spouses, subject to the applicable pharmacy **co-payment**. Charges for all smoking cessation treatment, including medications and

auriculotherapy covered under the Plan's medical benefits, are limited to a calendar year maximum benefit of \$250 and **lifetime** maximum benefit of \$500 per eligible individual.

13. Relenza and Tamiflu, up to ten doses per prescription or refill twice per calendar year.

#### **E. PRESCRIPTION DRUG BENEFITS EXCLUSIONS AND LIMITATIONS**

Except as noted, no benefits will be paid for the following:

1. Injectable contraceptives and contraceptive implants;
2. Drugs, including vitamins, which do not require a **physician's** prescription (legend or over-the-counter pre-natal vitamins and insulin are the only exceptions to this);
3. Hypodermic needles and syringes for administration of injectable drugs other than insulin, covered injectable drugs or vitamins;
4. Charges for the administration of any prescription drug;
5. Drugs labeled "Caution - limited by law to investigational use" or **experimental** drugs, even if a charge is made for them;
6. Drugs dispensed during confinement in a **hospital**, rest home, extended care facility, **skilled nursing facility**, or similar institution that has on its premises a facility for dispensing pharmaceuticals;
7. Specialty Drugs dispensed or administered by a **physician** or **hospital** (these drugs are covered under the Plan's medical benefits and are limited to the lowest available cost to the Plan from a specialty pharmacy as determined by case management—see pages 56-57 for details);
8. Any drug that may be provided without charge under local, state or federal programs;
9. Immunization agents, biological sera, blood or blood plasma;
10. Replacement prescriptions;
11. Appetite suppressants, except Adderall, Desoxyn and Dexedrine are covered with Prior Authorization for Attention Deficit Disorder and Narcolepsy;

12. Medications for **cosmetic** purposes, such as rogain or topical monoxidil;
13. Retin-A and Avita, except for the treatment of acne through age 25; beyond age 25, coverage is subject to Prior Authorization;
14. Accutane, unless Prior Authorization is obtained;
15. Renova;
16. Charges for any prescription drugs for the treatment of a medical condition that is excluded from coverage under the Plan (see “Medical Exclusions and Limitations” on pages 59-64).