

EXPRESS SCRIPTS PRESCRIPTION COVERAGE FOR PPO PLAN

Co-payment amounts per prescription purchased:

A. When utilizing the pharmacy card at participating pharmacies in the Express Script Pharmacy Network contracted at the time the service was provided:

- (i) Branded Drugs: \$45.00 Plus the difference between the cost of the brand name drug and the generic substitute whenever a generic substitute is available unless the prescription indicates "Dispense as Written"
- (ii) Generic Drugs: \$15.00

B. When not utilizing the pharmacy card:

(i) If the expenses are not eligible under the terms of the pharmacy card contract, but are otherwise eligible under the Plan, the provisions of medical benefits and procedures apply.

(ii) If the expenses are eligible under the terms of the pharmacy card contract and you do not use your pharmacy card, the expenses are ineligible for payment.

C. Maintenance medication, as determined by Express Scripts, will be limited to 2 refills at a retail pharmacy. After 2 refills, maintenance medication must be purchased through the Mail Service Pharmacy.

D. The Express Scripts Mail Service Pharmacy:

- (i) Branded Drugs: \$90.00 Plus the difference between the cost of the brand name drug and the generic substitute whenever a generic substitute is available unless the prescription indicates, "Dispense as Written",
- (ii) Generic Drugs: \$30.00

The Mail Service Pharmacy applies to maintenance prescriptions not to exceed a 90-day supply.

NOTE: Co-payments do not apply to Medical Deductibles or Out-of-Pocket Coinsurance limits

EFFECTIVE JANUARY 01, 2017