

# MOTT Community College

## Appendix “B”

(Effective 7/1/09)

### PRESCRIPTION DRUG

### SCHEDULE OF BENEFITS

#### BENEFITS AT PARTICIPATING RETAIL PHARMACIES:

For a member to receive benefits through a participating pharmacy, the member must present the pharmacist with the member's ID Card. Should the member be covered by Caremark and not have his/her ID Card, the member must provide the pharmacist with the plan code and the group code. Should the member not have his/her ID Card, the member must provide the pharmacist with at least the Member's Social Security Number. A list of Participating Pharmacies can be obtained from the Employer, or from the Benefit Administrator. Other important information regarding prescribed medications is as follows:

1. **Covered Prescribed Medications** - Covered prescribed medications include Multi Source, Generics (Minimum AB Grade), and Brand Name Drugs (Federal Legend).
2. **Co-payment Amount** – The Member Co-payment amount at Retail is **\$5.00** per prescription for Generic, **\$5.00** per prescription for Brand when Generic is not available, and **\$15.00** for Brand when a Generic is available.
3. **Dispensed Quantities** - The dispensed quantities are 34-day supply or 100 capsule limit per prescription, whichever is greater.

#### BENEFITS THROUGH THE MAIL ORDER PHARMACY:

Should a member desire to receive prescribed maintenance medications through the mail order pharmacy, the member must submit the prescription to the prescription drug manager on the form which was included in the informational packet provided the member at enrollment. Mail order pharmacy services are available to the member for the second and subsequent prescriptions. Details of the mail order prescription service is as follows:

1. **Covered Prescribed Medications** - Covered prescribed medications include Multi Source, Generics (Minimum AB Grade), and Brand Name Drugs (Federal Legend).
2. **Co-payment Amount** – The Member Co-payment amount at Mail Order is **\$ 5.00** per prescription for Generic, **\$5.00** per prescription for Brand when Generic is not available, and **\$15.00** for Brand when a Generic is available.
3. **Dispensed Quantities** - The dispensed quantities are for maintenance drugs limited to a 90-day supply per prescription.

OTHER PLAN PROVISIONS\*:

Included

- Dispense As Written (DAW). See Section 4.16 for additional information.
- Dispense As Written (DAW) Penalty. See Section 4.16 for additional information. DAW penalty applies to both physician requested and other than physician requested DAW.
- Genetically engineered and specialty drugs provided only with prior approval through CareMark's Specialty Pharmacy.
- Oral medications Anabolic Steroids, Fertility
- Injectibles Anabolic Steroids, Fertility, Glucagons, Growth hormones, Insulin, and other injectables with an oral equivalent.
- Vitamins, Prenatal (RX) and other prescribed vitamins which are not available over the counter (OTC).
- Oral Contraceptives, patches, injectables, and devices
- Fertility Agents.
- Erectile Dysfunction Medications.
- Physician prescribed smoking cessation oral, inhaler, and patches.
- Diet Medications or anti obesity.
- Injectable insulin
- Lifestyle Medications.
- AIDS medications.
- Toe Nail Fungus Medications.

\* ***The above are the most common provisions regarding your prescription drug program. You are encouraged to refer to "Your Prescription Benefit" booklet provided to you by Caremark. Within this booklet greater detail is provided on all other provisions of your plan.***

BENEFITS AT NON-PARTICIPATING PHARMACIES:

A claim for a prescription otherwise meeting the requirements of Section 4.16 which is dispensed by a pharmacy which is not a Participating Pharmacy (a "**Non-Participating Pharmacy**") is covered as follows: the Covered member must pay the full charge for each prescription or refill. The Covered Member will be reimbursed 75% of the approved amount, less the co-payment per prescription upon submission of a claim. If the Covered Member requests a brand name drug instead of the generic equivalent, he will be reimbursed 75% of the approved amount less the co-payment. The member must provide the actual pharmacy slip to be eligible for payment. Photocopies and cash register receipts cannot be used to claim reimbursement under this Plan.