



High Deductible Health Plan Prescription Drug Program

Benefits are available for Outpatient Prescription Drug Products on our Prescription Drug List at a Network Pharmacy and are subject to Copayments or other payments that vary depending on which of the tiers of the Prescription Drug List the Outpatient Prescription Drug is listed.

All Prescription Drug Products on the Prescription Drug List are assigned to Tier-1, Tier-2, or Tier-3. Please access www.medco.com through the Internet, or call the Customer Service number on your ID card to determine tier status.

Deductible and Out-of-Pocket Maximums

Before Benefits are available for outpatient Prescription Drug Products, you must meet the combined medical/prescription drug Network Annual Deductible stated in the PHPMM-IC HDHP PPO Certificate of Coverage.

For single coverage, the Annual Deductible is \$2,000 per policy year. If more than one person in a family is covered under the Policy, the single coverage Annual Deductible stated above does not apply. For family coverage, the family Annual Deductible is \$4,000 per policy year. No one in the family is eligible to receive Benefits until the family Annual Deductible is satisfied.

Retail Copay

- Tier-1 Prescription Drug Product \$10 after deductible
- Tier-2 Prescription Drug Product \$25 after deductible
- Tier-3 Prescription Drug Product \$50 after deductible

Mail Service Copay (up to a 90 day supply)

- Tier-1 Prescription Drug Product \$20 after deductible
- Tier-2 Prescription Drug Product \$50 after deductible
- Tier-3 Prescription Drug Product \$100 after deductible

- 40% copay for growth hormone therapy – Retail or Mail Service

Supply Limits

- Retail: Up to 31 consecutive day supply
 - Mail: Up to 90 consecutive day supply
 - Some products may have additional quantity limits.
- Please consult with your physician. These specific quantity limits may be exceeded in certain situations at the request of your physician.

Mail Service Convenience

Mail Service Pharmacy allows you to have your prescriptions filled and delivered directly to your doorstep. You save on copays too. Call our Customer Service Department for more information. Our phone number is listed on the back of your ID card.

Exclusions

Some of the exclusions that apply to your benefit are listed below. Please look at your pharmacy rider in the PHPMM-IC HDHP PPO Certificate of Coverage for a complete listing.

- Experimental products
- Appetite suppressants and other weight loss products
- Over the counter drugs
- Replacement prescriptions
- Medications for cosmetic purposes only
- Prescription Drug Products to treat infertility

Please contact the plan Customer Service Department at the number listed on the back of your ID card if you have questions.