

Benefits for Outpatient Prescription Drug Products

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.

For single coverage, the Annual Deductible is \$1250 per calendar 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 \$2500 per calendar year. No one in the family is eligible to receive Benefits until the family Annual Deductible is satisfied.

Once the Network Annual Deductible is met, you are then responsible for paying the applicable Copayment described below, until the combined medical/prescription drug Network Out-of-Pocket Maximum stated in the PHP HDHP Certificate of Coverage is met.

The amount you pay for any non-covered drug product will not be included in calculating any Annual Deductible or Out-of-Pocket Maximum stated in your PHP HDHP Certificate of Coverage. You are responsible for paying 100% of the cost (the amount the pharmacy charges you) for any non-covered drug product and our contracted rates (our Prescription Drug Cost) will not be available to you.

<u>Retail Copayment</u>		<u>Mail Service Copayment</u>	
Tier-1 Prescription Drug Product	\$10 after deductible	Tier-1 Prescription Drug Product	\$20 after deductible
Tier-2 Prescription Drug Product	\$25 after deductible	Tier-2 Prescription Drug Product	\$50 after deductible
Tier-3 Prescription Drug Product	\$50 after deductible	Tier-3 Prescription Drug Product	\$100 after deductible

40% copayment after deductible for Prescription Drug Products for the treatment of infertility or for growth hormone therapy – Retail or Mail Service.

<u>Supply Limits</u>	<u>Mail Service Convenience</u>
<p>- Retail: Up to 31 consecutive day supply</p> <p>- Mail: Up to 90 consecutive day supply</p> <p>- Some products may have additional quantity limits.</p> <p>Please consult with your physician. These specific quantity limits may be exceeded in certain situations at the request of your physician.</p>	<p>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.</p>

Exclusions

Some of the exclusions that apply to your benefit are listed below. Please look at your pharmacy rider available on the Member Packet Portal at www.phpmm.org for a complete listing of exclusions.

- Experimental products
- Replacement prescriptions
- Appetite suppressants and other weight loss products
- Medications for cosmetic purposes only
- Over the counter drugs

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