

PRESCRIPTION DRUG BENEFIT PPO

Prescription drug benefits are provided through the pharmacy benefit plan manager, Express Scripts. All provisions stated in the Schedule of Covered Services and Provisions will also apply to the Prescription Drug Benefits. All Benefits will be paid as stated in the Schedule of Covered Services and Provisions for charges made by a participating pharmacy for treatment of You or Your eligible Dependents Illness or Injury. A covered charge is considered made on the date the prescription is dispensed by the pharmacist.

This Plan does not cover any secondary claims on Prescription Drugs. Prescription Drugs will only be paid on claims incurred by members with primary Prescription Drug coverage through the Butler Health Plans—meaning there is no coordination of benefits for Prescription Drug claims, even when another plan has paid primary.

PRESCRIPTION DRUG BENEFIT	
PPO Plan	
<i><u>BENEFITS and PROVISIONS</u></i>	Your Cost
Separate Retail Prescription Deductible per Calendar Year	Not Applicable
Prescription Drug Card Program (up to 30-day supply through participating pharmacies) <i>Note: Non-preferred Brand drugs are not covered under this Plan.</i>	\$15 co-pay per Generic prescription \$35 co-pay per Brand prescription \$75 co-pay per Specialty prescription Annual Deductible Does not apply. Once the Out-of-Pocket Maximum has been met, the Plan will pay 100% for covered prescription drugs for the remainder of the Calendar Year.
Maintenance Medication Drug through Home Delivery or Select Retail Pharmacy (up to 90-day supply per prescription) <i>Note: Non-preferred Brand drugs are not covered under this Plan.</i>	\$35 co-pay per Generic prescription \$85 co-pay per Brand prescription Annual Deductible does not apply. Once the Out-of-Pocket Maximum has been met, the Plan will pay 100% for covered prescription drugs for the remainder of the Calendar Year.
Limitation on filling maintenance drugs	A maximum of 3 courtesy fills are allowed at retail (up to a 30 day supply) for a new maintenance drug. After that, a 90 day supply of the drug must be filled via a home delivery pharmacy or select retail pharmacies or pay 100% of the prescription cost.
Specialty Pharmacy (up to 30 day supply)	Provides injectable and other specialty medications to members with free delivery to patient's home or physician's office. Retail co-pay applies.
Brand when generic is available	Patient must pay the cost difference between the brand and generic drug in addition to your co-pay or co-insurance.
Prior Authorizations	Patient may call the pharmacy benefit manager with questions regarding quantity limitations or prior authorizations.