

Summary of Benefits - Prescription Drug

The following benefits are per Participant:

Reference: Prescription Drug Benefit for those participating in Project Spur ONLY.

Retail Pharmacy Option – American Health Care

Website address – www.AmericanHealthCare.com –

Generic	\$0
Preferred Brand Name	20% Co-Pay
Non-Preferred Brand Name	\$30 + 20% Co-Pay

(34-day maximum supply for Retail)

Mail Order Prescription Drug Option –

Generic	\$0
Preferred Brand Name	20% Co-Pay
Non-Preferred Brand Name	\$60 + 20% Co-Pay

(90-day maximum supply for Mail Order)

You will need to contact American Health Care at 1-800-872-8276 for assistance on getting prescriptions through mail order and questions regarding Project Spur.

PRESCRIPTION DRUG BENEFITS for those NOT participating in Project Spur

Retail Pharmacy Option – American Health Care

Website address – www.AmericanHealthCare.com –

Generic	\$10
Preferred Brand Name	\$20 + 20% Co-Pay
Non-Preferred Brand Name	\$30 + 20% Co-Pay

(34-day maximum supply for Retail)

Mail Order Prescription Drug Option –

You will need to contact American Health Care at 1-800-872-8276 for assistance on getting prescriptions through mail order.

SPECIALTY DRUGS

All specialty pharmacy medications that are administered at home or as a scheduled visit in your physician's office or other facility should be obtained through a Specialty Pharmacy. All specialty drugs should have prior authorization through American Health Care prior to obtaining these medications. If the specialty drug medication is not obtained through the Specialty Drug Program and the prescription is filled at a retail pharmacy or provider's office/facility it will pay at the same rate as if the plan participant was a member of the Specialty Drug Program. Additional cost incurred by not using the Specialty Drug Program **will** be the plan participant's responsibility.

PRESCRIPTION DRUG BENEFITS

Deductible per individual per Calendar Year
For Specialty Drug Coverage \$250

4th Tier – Co-Pay

Specialty Drug
Co-payment 10% after deductible

(per 30-day supply)

Note: If the Specialty Drugs are not purchased through the Specialty Pharmacy the plan participant will be fully responsible for the increased cost of the Specialty Drugs. For the most up to date Specialty Medication list, contact American Health Care at 1-800-872-8276, Rocky Mountain Administrators at 1- 800-383-8808 or visit our website at www.rockymountainadministrators.com.

Participating pharmacies ("Participating Pharmacies") have contracted with the Plan to charge Participants reduced fees for covered Drugs. American Health Care is the administrator of the prescription drug plan. Participants will be issued an identification card to use at the pharmacy at time of purchase. Participants will be held fully responsible for the consequences of any pharmacy identification card after termination of coverage. No reimbursement will be made when a Drug is purchased from a non-Participating Pharmacy or when the identification card is not used.

The Mail Order Option is available for maintenance medications (those that are taken for long periods of time, such as Drugs sometimes prescribed for heart Disease, high blood pressure, asthma, etc.). Because of the volume buying, American Healthcare, the mail order pharmacy, is able to offer Participants significant savings on their prescriptions.

The copayment is applied to each charge and is shown on the Summary of Benefits, above. The copayment amount is not counted toward any out of pocket maximums under the Plan.

PREScription DRUG BENEFITS

Covered Expenses

The following are covered under the Plan:

Allergy Sera. Charges for allergy sera.

Bee Sting Kits. Charges for EPI PEN and Ana Kit.

Blood and Blood Plasma. Charges for blood and blood plasma.

Compounded Prescriptions. All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.

Contraceptives. Prescription contraception and contraception-related services.

Diabetes. Insulins, insulin syringes and needles, diabetic supplies – legend, diabetic supplies – over the counter, and glucose test strips, when prescribed by a Physician.

Flonase. Charges for Flonase Allergy Relief OTC will pay from Tier 2 after April 1, 2016.

Gleevec. Gleevec, for treatment of any of the following conditions:

1. CML myeloid blast crisis.
2. CML accelerated phase.
3. CML in chronic phase after failure of interferon treatment.

Prior authorization is required. In order to obtain such authorization, information from the patients' Physician indicating the condition being treated must be submitted to the Plan.

Imitrex Injection. Charges for Imitrex injections (migraine auto-injector).

Immunologicals. Charges for Immunologicals (vaccines).

Injectables. A charge for Injectables.

Legend Drugs.

1. Class V Drugs.
2. Diabetic Supplies.
3. Legend Drugs with over the counter equivalents.
4. Pre-natal vitamins.

Over-the-Counter (OTC) Drugs. OTC Drugs related to Preventive and Wellness Services as specified by the Affordable Care Act of 2010. A description of these services can be found at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

This includes Food and Drug Administration (FDA)-approved generic Drugs and Over-the-Counter (OTC) Drugs, devices and supplies related to Women's Preventive Services, as specified by the Affordable Care Act of 2010.

A description of FDA-approved contraceptive methods can be found at: <http://www.fda.gov/ForConsumers/ByAudience/ForWomen/WomensHealthTopics/ucm117971.htm>.

1. Class V Drugs.
2. Diabetic Supplies.
3. Medical Devices and Supplies.
4. Pre-natal vitamins.

Nasacort. Charges for Nasacort Allergy 24 Hour OTC.

Required by Law. All Drugs prescribed by a Physician that require a prescription either by Federal or State law, except injectables (other than insulin) and the Drugs excluded below.

Steroids. Anabolic steroids.

Limitations

The benefits set forth in this section will be limited to:

Dosages.

1. With respect to the Pharmacy Option, any one prescription is limited to a Thirty-four (34) day maximum supply for Retail day supply.
2. With respect to the Mail Order Option, any one prescription is limited to a Ninety (90) day maximum supply for Mail Order day supply.
3. With respect to the Specialty Drug Option, any one prescription is limited to a Thirty (30) day supply day supply.

Refills.

1. Refills only up to the number of times specified by a Physician.
2. Refills up to one year from the date of order by a Physician.

Exclusions

In addition to the General Limitations and Exclusions section, the following are not covered by the Plan:

Acne Control and Cosmetic Anti-Aging. Accutane and Retin-A. (Except when Medically Necessary and Rx is provided and approved by AHC)

Administration. Any charge for the administration of a covered Drug.

Anorexiants. Anorexiants (weight loss Drugs).

Consumed Where Dispensed. Any Drug or medicine that is consumed or administered at the place where it is dispensed.

Drug Efficacy Study Implementation (DESI) Drugs. Charges for DESI Drugs.

Devices. Devices of any type, even though such devices may require a prescription, including, but not limited to, therapeutic devices, artificial appliances, braces, support garments or any similar device.

Drugs used for cosmetic purposes. Charges for drugs used for cosmetic purposes, such as anabolic steroids, Retin A or medications for hair growth or removal.

Experimental Drugs. Experimental Drugs and medicines, even though a charge is made to the Participant.
FDA. Any drug not approved by the Food and Drug Administration.

Fertility Agents. Charges for fertility agents.

Growth Hormones. Charges for growth hormones, unless Medically Necessary and approved by American Heal Care.

Immunizations. Immunization agents or biological sera.

Impotency. A charge for impotency medication, including Viagra.

Institutional Medication. A Drug or medicine that is to be taken by a Participant, in whole or in part, while confined in an Institution, including any Institution that has a facility for dispensing Drugs and medicines on its premises.

Investigational Use Drugs. A Drug or medicine labeled “Caution – limited by Federal law to Investigational use.”

Medical Devices and Supplies. Charges for legend and over the counter medical devices and supplies.

No Charge. A charge for Drugs which may be properly received without charge under local, State or Federal programs.

Non-Insulin Syringes/Needles. Charges for non-insulin syringes and needles.

Non-legend drugs. A charge for FDA-approved drugs that are prescribed for non-FDA-approved uses.

Non-Prescription Drug or Medicine. A Drug or medicine that can legally be bought without a prescription, except for injectable insulin.

Over-the-counter Drugs. Charges for over-the-counter Drugs:

1. Diagnostics.
2. Vitamins.

Refills. Any refill that is requested more than one year after the prescription was written or any refill that is more than the number of refills ordered by the Physician.

Rogaine. Charges for Rogaine (topical minoxidil).

Smoking Deterrents. A charge for Drugs or aids for smoking cessation, including, but not limited to, nicotine gum and smoking cessation patches.

Vitamins. Vitamins, except pre-natal vitamins.

Weight Loss Drugs. A charge for Prescription Drugs for any type of Weight Loss is not a covered benefit.