ARTICLE V
PRESCRIPTION DRUG BENEFIT SCHEDULE

Not all Prescription Drugs are covered

Please visit the following website to view covered Drugs:

www.procarerx.com
(800) 699-3542

If applicable, this Plan will make a retroactive adjustment to a claim based on a discount, coupon, Pharmacy discount program or similar arrangement provided by drug manufacturers or Pharmacies to assist in purchasing Prescription Drugs.

PRESCRIPTION DRUG BENEFIT		
Pharmacy Option (34 Day Supply)		**PATIENTS PARTICIPATING IN PROJECT SPUR**
Generic Drugs	$10 Copay/prescription	No Copay
Preferred Drugs	$20 Copay/prescription or 20% Coinsurance, whichever is greater.	20% Copay
Non-Preferred Drugs	$30 Copay/prescription or 20% Coinsurance, whichever is greater.	$30 + 20% Copay
Specialty Drugs *under $1250.00 per Month	10% Coinsurance after $250 Calendar Year Deducitble is met.*	
Mail Order Option (90 day supply)		
Generic Drugs	$20 Copay/prescription	No Copay
Preferred Drugs	$50 Copay/prescription or 20% Coinsurance, whichever is greater.	$20 Copay
Non-Preferred Drugs	$80 Copay/prescription or 20% Coinsurance, whichever is greater.	$60 + 20% Copay
Refer to the Prescription Drug Section of the Summary Plan Description for details on the Prescriptiion Drug benefit.		
Plan Participants may need to obtain certain medications from a pharmacy designated by the Plan Administrator.		
In order to obtain a 90-day supply through mail order contact ProCare RX at (800) 699-3542.		
Certain medications may require a Prior Authorization through ProCareRX. **If Prior Authorization is not obtained the Plan Participant may be responsible for a higher cost.**		
***Specialty Pharmaceutical Drugs and other drugs over $1,250 are excluded under this Plan.** **Notwithstanding the foregoing, the Plan will cover the charges for a Specialty Pharmaceutical *if Prior Authorized* for the first thirty (30) day fill of any Specialty Pharmaceutical that is self-administered and filled at a licensed pharmacy or the first dose of any Specialty Pharmaceutical administered in a Hospital, facility or provider's office by a healthcare professional for each Specialty Pharmaceutical drug, unless otherwise excluded from the Plan.** **If the Specialty Pharmaceutical is not purchased through the Specialty Pharmacy the Plan Participant will be fully responsible for the increased cost for the specialty drug.**		