

This benefit summary is part of the Evidence of Coverage, Form QC POS(10-01-10) as amended by FIRST AMENDMENT with Autism to QCA POS (10-1-10) and Outpatient Prescription Drug Rider and is subject to all benefit terms and conditions, limitations and exclusions contained therein.

This benefit summary is intended only to highlight your benefits for Outpatient Prescription Drugs and should not be relied upon solely to determine coverage. Please refer to your Outpatient Prescription Drug Rider and Evidence of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this benefit summary conflicts in any way with the Outpatient Prescription Drug Rider, the Outpatient Prescription Drug Rider and Evidence of Coverage will prevail.

For information about specific medications, visit our website at www.qualchoice.com. Some medications may require pre-authorization by QualChoice. For details and to access the most current listing of services requiring pre-authorization, visit www.qualchoice.com.

Tier Definitions:

Tier 1 medications are the lowest cost share option, as shown below. For the lowest out-of-pocket expense, you should always consider Tier 1 if you and your doctor decide they are appropriate for your treatment.

Tier 2 medications require a tier 2 cost share, as shown below. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is the most appropriate to treat your condition.

Tier 3 medications require a Tier 3 cost share, as shown below. If your medication is in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be appropriate for your treatment.

NOTE: If a covered brand-name product is chosen by the member when a generic equivalent is available, you will pay the Tier 3 co-payment plus the difference in cost of the brand name product and the generic product.

Tier 4 medications are not included on the formulary. Almost all new prescription medications that are not listed in the formulary are included in Tier 4. Member pays 100% of the QualChoice discounted rate.

Tier 5 medications are generally classified as specialty medications and are generally only available through a specialty pharmacy, when not dispensed or administered by your physician in his/her office.

(See QC website for list of specialty meds covered under pharmacy benefit.) All else, see medical benefit.

Many Tier 5 medications require prior-authorization and are at the highest level of cost share.

Payment Procedures

Network Pharmacy

- You must pay the applicable cost sharing amount to the network pharmacy at the time the prescription is filled. The pharmacy will then submit the claim for reimbursement.

Out-of-Network Pharmacy

- You must pay the full amount of the prescription to the out-of-network pharmacy.
- You can then request reimbursement from QualChoice by submitting your receipt from the pharmacy, along with a QualChoice claim form.
- Reimbursement to you will be based on the contract rate for the drug dispensed, less a \$2.00 processing fee.

Prescription Benefits In-Network	Retail (You Pay)	Mail Order (You Pay)
Co-payment Amounts		
▪ Tier 1	\$15 Co-payment	\$45 Co-payment
▪ Tier 2	\$40 Co-payment	\$120 Co-payment
▪ Tier 3* (see Tier 3 Note above)	\$55 Co-payment	\$165 Co-payment
▪ Tier 4	100%	100%
▪ Tier 5	\$100 Co-payment	Not Applicable
<i>NOTE: If dispensed in your physician office or at a facility - see medical benefits</i>		
Coinsurance Amounts		
▪ Tier 1	Not Applicable	Not Applicable
▪ Tier 2	Not Applicable	Not Applicable
▪ Tier 3	Not Applicable	Not Applicable
▪ Tier 4	100%	100%
▪ Tier 5	Not Applicable	Not Applicable
Deductible	Not Applicable	Not Applicable

Contraceptive Coverage

- All oral contraceptives in either formulary Tiers 1 or 2 (all formulary options) - No Cost to You. (No coverage Out-of-Network)
 - Oral contraceptives in Tier 3 - Normal cost sharing, see Tier 3 above
- Ortho Evra patch, Nuvaring, Caps and Diaphragms - No Cost to You (No coverage Out-of-Network)
- Emergency contraceptives, e.g. Plan B, Ella - no cost sharing with a prescription, otherwise, not a covered benefit
- Over-the-counter birth control methods, e.g. gels, creams, condoms, etc. - not a covered benefit
- Abortion or abortifacient drugs - not a covered benefit

Limitations

- Retail pharmacy - One monthly cost sharing amount per 30-day supply
- Mail order pharmacy - 3 monthly cost sharing amounts per 90-day supply

Note: All new prescriptions are limited to a 30-day supply. Refills are limited to a 90-day supply at certain contracted pharmacies and through mail order.

Insulin and syringes will be covered with one monthly cost sharing amount for each 30-day supply, if filled at the same time.

Test strips and lancets will be covered with one monthly cost sharing amount for each 30-day supply, if filled at the same time.

Contact a Health Coach if you need assistance obtaining a new glucometer. 1-888-795-6810

Step Therapy

Certain medications may be required to be used before another medication is covered. Step therapy is the process of beginning drug therapy for a medical condition with the most cost-effective and safest drug therapy and progressing to other and more costly therapy if the first line medication fails. **Examples** of step therapy drugs under this plan include anti-hypertensive and Attention Deficit Disorder (ADD) medications. Contact Customer Service at 1-800-235-7111 for more details.

Benefit Details

- Benefit Details are subject to all benefit terms, conditions, limitations and exclusions
- Benefits are provided for formulary prescription drugs when prescribed by a physician or by a licensed health care provider within the scope of their license.
- Benefits are available through a network pharmacy, a network mail order pharmacy or an out-of-network pharmacy, provided that the drug is a Covered Prescription Drug.
- Benefits include compound prescriptions when the compound contains at least one prescription drug.
- Coverage is provided for contraceptives ("Birth Control") including oral, injectable and hormonal contraceptives.

Exclusions

Examples of drugs that we will not pay for are listed below. A complete listing is in the Outpatient Prescription Drug Rider.

- Experimental or investigational drugs or research drugs;
- Over-the-counter medications;
- Cosmetic agents, including, but not limited to, Retin-A for enrollees over age 25;
- Erectile dysfunction drugs, including but not limited to, impotency;
- Drugs for which there is a therapeutically equivalent over-the-counter drug;
- Oral or topical medication for hair loss;
- Smoking cessation medications, except for persons enrolled in the QualChoice "Kick the Nic" program;
- Smoking cessation devices;
- Drugs prescribed to treat infertility;
- Weight loss medication; appetite suppressants; anti-obesity drugs; anorexiant;
- General vitamins;
- Drugs whose primary purpose is the removal, destruction, or interference with the implantation of a fertilized ovum, embryo, or fetus;
- A drug prescribed as part of treatment to change an Enrollee's sex from one gender to another; and
- Over-the-counter birth control items

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- Smoking cessation devices;
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