

**Your 2010 Prescription Drug Benefit Chart**  
**Premier 5/15/25**  
**MEBA – High Option HMO**  
**Effective 01/01/2010**

<b>Formulary</b>	<b>Premier 3 Tier - Open</b>
<b>Mandatory Generic</b>	<b>No</b>
<b>Deductible</b>	<b>\$0</b>
<b>Covered Services</b>	<b>What you pay</b>

**Initial Coverage**

Below is your payment responsibility from the time you meet your deductible, if you have one, until the cost paid by you for your prescriptions reaches your True Out of Pocket cost of \$3,600.

<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	\$5 copay
	\$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$15 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs<sup>1</sup></li> </ul>	\$25 copay
<ul style="list-style-type: none"> <li>• Diabetic Supplies, including insulin syringes, lancets, test strips and alcohol swabs</li> <li>• Test Strips – manufactured by Lifescan or Roche</li> </ul>	\$5 copay (up to a 90-day supply)
	\$0 copay

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

<b>Mail Order Pharmacy</b>	per 90-day supply
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	\$10 copay
	\$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$30 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non Formulary Drugs<sup>1</sup></li> </ul>	\$50 copay
<ul style="list-style-type: none"> <li>• Diabetic Supplies, including insulin syringes, lancets, test strips and alcohol swabs</li> <li>• Test Strips – manufactured by Lifescan or Roche</li> </ul>	\$10 copay
	\$0 copay

If you purchase drugs at Retail or Mail Order Pharmacies that are not listed in our participating pharmacy directory, you will be responsible for all amounts over our negotiated cost. If you need an emergency supply of drugs and you are not near a Retail Pharmacy in our participating pharmacy directory, you will not be responsible for amounts over our negotiated costs.

### Vaccine Coverage

The up front costs for vaccines will vary based upon where the vaccine is purchased and administered. Some vaccines, such as Flu Vaccines, are paid under your Medicare Part B coverage. Vaccines that are covered by Medicare Part B are not covered by your Part D plan. Please see your Evidence of Coverage booklet for a complete explanation of your vaccine coverage.

### Covered Services

### What you pay

#### Catastrophic Coverage

Your payment responsibility changes after the cost you have paid for prescription drugs reaches your True Out of Pocket cost of \$3,600.

<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	<p>\$0 copay</p> <p>\$0 copay for Select Generics</p>
<ul style="list-style-type: none"> <li>• Preferred and Non-Preferred Brands, including Specialty Drugs, Vaccines and Non-Formulary Drugs</li> </ul>	<p>\$0 copay</p>

#### Extra Covered Drug Groups

These are drugs that are covered by your plan that are often excluded from Part D Prescription Drug Plans. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.

<p><b>Benzodiazepines and Barbiturates</b></p> <p><b>Cosmetics</b></p> <p><b>Cough and Cold</b></p> <p><b>DESI</b></p> <p><b>Non Part D Diabetic Supplies (Lancets/test strips)</b></p> <p><b>Over the Counter Vitamins and Minerals</b></p> <p><b>Erectile Dysfunction</b></p> <p><b>Analgesics</b></p>	<p>See Formulary for complete list of drugs covered</p>
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	<p>You pay your retail or mail order generic copay</p>
<ul style="list-style-type: none"> <li>• Preferred and Non-Preferred Brands</li> </ul>	<p>You pay your retail or mail order brand copay</p>

<sup>1</sup> When a member's physician has specified "dispense as written" (DAW) for non-preferred brand name drugs or non-formulary drugs, the copay for preferred brand name formulary drugs will apply.

When a member's physician has not specified DAW for non-preferred brand name drugs or non-formulary drugs, the Tier 3 copay will apply.