



offered by Presbyterian Health Plan

**HMO PLAN
4-TIER PRESCRIPTION DRUG RIDER
(HHR10103)**

Your employer has elected the following prescription drug benefits

SCHEDULE OF BENEFITS

This plan is considered Creditable per Medicare Part D guidelines. For more information regarding Medicare Part D please refer to www.cms.gov.

BENEFIT	COPAYMENT
<u>PRESCRIPTION DRUGS RETAIL</u>	
<i>Generic (Preferred) - Tier 1</i>	<i>\$10 Copay (30-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Brand (Preferred) - Tier 2</i>	<i>\$20 Copay (30-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Brand (when a generic equivalent is available)</i>	<i>Generic Copay plus the difference in the cost of the brand and generic (30-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Non-Preferred - Tier 3</i>	<i>\$35 Copay (30-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Pre-packaged items</i>	<i>One applicable Copay (generic, brand, non-preferred) per manufacturer pre-packaged item)</i>
<i>Specialty Pharmaceuticals - Tier 4</i>	
<i> Oral or inhalation forms/Self Administered</i>	<i>15% Copayment up to a maximum of \$250 per injection and \$1,500 per Calendar Year</i>
<i> Intravenous (IV)</i>	<i>\$0 Copayment</i>
<u>PRESCRIPTION DRUGS MAIL ORDER</u>	
<i>Generic (Preferred) - Tier 1</i>	<i>2 x generic Copay (90-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Brand (Preferred) - Tier 2</i>	<i>2.5 x brand Copay (90-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Brand (when a generic equivalent is available)</i>	<i>Generic Copay plus the difference in the cost of the brand and generic (90-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Non-Preferred - Tier 3</i>	<i>3 x Non-Preferred Copay (90-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Specialty Pharmaceuticals - Tier 4</i>	<i>Specialty pharmaceuticals are not available through Mail Order. They must be obtained through a designated specialty pharmacy vendor and may be subject to Benefit Certification.</i>

The following Schedule of Benefits is a summary that describes the Copayment amounts that apply to specific types of services. Some benefits require Benefit Certification by PHP. Benefits may have limits and certain services are excluded altogether. When the Copayment is expressed as a percentage, the percentage will be applied to the Total Allowable Charges for the particular procedure allowed by PHP. For a more complete description, please refer to Sections of the Group Subscriber Agreement that discuss How the Plan Works, General Information, Benefits, Benefit Certification, Limitations and Exclusions.