PRESBYTERIAN INSURANCE COMPANY, INC.
PPO, INDEMNITY PLAN
OPTIONAL BENEFIT RIDER
4-TIER
PRESCRIPTION DRUG RIDER
$10/$30/$50

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
PRESCRIPTION DRUGS RETAIL	
Generic (Preferred) - Tier 1	*$10 Copay (30-day supply up to the maximum dosing recommended by the manufacturer)*
Brand (Preferred) - Tier 2	*$30 Copay (30-day supply up to the maximum dosing recommended by the manufacturer)*
Brand (when a generic equivalent is available)	*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)*
Non-Preferred - Tier 3	*$50 Copay ((30-day supply up to the maximum dosing recommended by the manufacturer)*
Pre-packaged items	*One applicable Copay (generic, brand, non-preferred) per manufacturer pre-packaged item*
Specialty Pharmaceuticals - Tier 4 *Oral or inhalation forms/Self Administered* *Intravenous (IV)*	 *15% Copayment up to a maximum of $250 per prescription and $1,500 per Calendar Year* *$0 Copayment*
PRESCRIPTION DRUGS MAIL ORDER	
Generic (Preferred) - Tier 1	*2 x generic Copay (90-day supply up to the maximum dosing recommended by the manufacturer)*
Brand (Preferred) - Tier 2	*2.5 x brand Copay (90-day supply up to the maximum dosing recommended by the manufacturer)*
Brand (when a generic equivalent is available)	*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)*
Non-Preferred - Tier 3	*3 x Non-Preferred Copay (90-day supply up to the maximum dosing recommended by the manufacturer)*
Specialty Pharmaceuticals - Tier 4	*Specialty pharmaceuticals are not available through Mail Order. They must be obtained through designated specialty pharmacy vendor and may be subject to Benefit Certification.*

Benefits are subject to:

1. the Exclusions identified in Section VII. (Exclusions),
2. the Benefit Certification requirements of section V. (Benefit Certification), and
3. the Limitations identified in section VI. (Limitations) of the Group Subscriber Agreement (GSA). Please see the GSA for a complete understanding of your benefits.

The following Rider is a summary that describes the Copayment amounts that apply to your Prescription Drug Benefits. Some services require Benefit Certification from PIC. Benefits may have limits and certain services are excluded altogether. For a more complete description, please refer to the sections of the Group Subscriber Agreement that discuss How the Plan Works, General Information, Benefits, Benefit Certification, Limitations and Exclusions.