



Offered by Presbyterian Insurance Company, Inc.

**PPO, UNM Custom Plan
OPTIONAL BENEFIT RIDER 4-TIER
PRESCRIPTION DRUG RIDER
\$10/\$25/\$40**

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
PHARMACY OUT-OF-POCKET MAXIMUM <i>– (Includes pharmacy Copayments only.)</i>	\$3,000 per member per contract year.
PRESCRIPTION DRUGS RETAIL	
<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>\$25 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>\$40 Copay (30-day supply up to the maximum dosing recommended by the manufacturer)</i>
<i>Specialty Pharmaceuticals - Tier 4</i> <i>Oral or inhalation forms/Self Administered</i> <i>Intravenous (IV)</i>	<i>15% Copayment up to a maximum of \$250 per prescription</i> <i>\$0 Copayment</i>
PRESCRIPTION DRUGS MAIL ORDER	
<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 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>2 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>

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*.

The following Benefits and limitations apply:

1. **Outpatient Prescription Drugs**, including FDA approved contraceptives and devices, are a Covered Benefit **only when obtained from a Participating Pharmacy**, unless required due to an emergency occurring outside of the Service Area, and when prescribed by the Member's Physician for a medically appropriate use.

For each Prescription Drug purchased at a PIC Participating Pharmacy, one applicable generic Copayment will be required for a 30-day supply up to the maximum dosing recommended by the manufacturer. When available, FDA approved generic drugs will be dispensed regardless of the brand name indicated. Brand name and non-Preferred drugs are **not Covered**. If the Member or Physician requests the brand name in place of the generic, the prescription will **not be Covered**.

The appropriate generic Copayment required for each type of prescription or refill is as follows:

- a. Tablets/Capsules, Packets: one Copayment per 30-day supply up to the maximum dosing recommended by the manufacturer;
 - b. Liquids: one Copayment per 30-day supply up to the maximum dosing recommended by the manufacturer;
 - c. Ointments, creams and lotions: one Copayment per 30-day supply up to and the maximum dosing recommended by the manufacturer; and
 - d. Specialty Pharmaceuticals are Not Covered.
2. **Continuation of therapy using any drug is dependent upon its demonstrable efficacy.**
 3. **Prescription medications/supplies – 90-Day supply at a Participating Pharmacy (voluntary)**

Members have the option to purchase a 90-day supply of Maintenance Medications at a PIC Participating Pharmacy. Under the 90-day at Retail pharmacy benefit, generic Maintenance Medications can be obtained from a Participating Pharmacy. The Member will be charged two Copayments for a 90-day supply up to the maximum dosing recommended by the manufacturer.

4. **Tablet-Splitting Program (Voluntary)**

If a medication qualifies for the tablet-splitting program, a member has the option of having the pharmacist cut the higher strength tablet in half. If you participate in the tablet-splitting program, your Copayment will be half of your regular Copayment. For example, if your Copayment is \$30.00, under the program you would pay only \$15.00. Talk with your pharmacist if you wish to take advantage of the tablet-splitting-program and they will perform the tablet splitting for you. Medications eligible for this program are subject to change as determined by PIC's Pharmacy and Therapeutics Committee. Refer to the PIC Preferred Drug List to locate approved medications under tablet splitting.

5. **Mail Order Pharmacy**

Members have a choice of obtaining certain maintenance Prescription Drugs directly at Participating Pharmacies or by ordering them through the mail. Under the mail order pharmacy benefit, generic Maintenance Medications can be obtained through the Mail Service pharmacy. You may obtain information regarding the mail service pharmacy by contacting Member Services. Members may purchase up to a 90-day supply up to the maximum dosing recommended by the manufacturer. You may obtain the name of the Mail Service Pharmacy by calling Member Services at **(505) 923-6980 or 1-800-923-6980**. Certain drugs may not be purchased by mail order such as medications on the Specialty Pharmaceutical Listing. The Member will be charged two Copayments for a 90-day supply up to the maximum dosing recommended by the manufacturer.

6. Member Reimbursement for Out-of-Area

If a medical emergency occurs outside of the PIC Service Area and the Member uses a Participating Pharmacy, the Member will be responsible for payment of the appropriate generic Copayment. If the Member goes to a non-Participating Pharmacy, the Member must pay for the prescription and submit a claim form with an itemized receipt to PIC for reimbursement. If approved, the reimbursement will be based on the Reasonable and Customary Charge subject to the applicable Copayment and limited to a 14-day supply per prescription, with no refills allowed. The claim form together with the itemized receipt must contain the following information:

- a. patient's name and ID number;
- b. name and quantity of the drug;
- c. date purchased;
- d. name and phone number of Physician;
- e. name and phone number of pharmacy;
- f. reason for the purchase (nature of emergency);
- g. proof of payment

7. Exclusions related to Prescription Drugs

- a. Prescription Drugs that require a Benefit Certification when Benefit Certification was not obtained.
- b. Prescriptions purchased at a non-Participating Pharmacy unless required due to an emergency occurring outside of the Service Area.
- c. Over-the-Counter (OTC) medications and drugs for which there is a non-prescriptive equivalent available with the exception of approved generic OTC medications as determined by PIC's Pharmacy and Therapeutics Committee. Refer to the PIC Preferred Drug Listing for a list of Covered OTC medications.
- e. Compounded Prescription Drugs.
- f. Replacement prescriptions resulting from loss, theft, or destruction.
- g. Prescription Drugs received upon Hospital discharge, provided by a Hospital pharmacy unless a Participating outpatient Pharmacy is not available.
- h. Drugs, medicines, treatments, procedures, or devices that PIC determines are Experimental or Investigational.
- i. Disposable medical supplies, except when provided in a Hospital or a Physician's office or by a home health professional.
- j. Treatments and medications for the purpose of weight reduction or control except for Medically Necessary treatment for morbid obesity.
- k. Infant formula and nutritional supplements unless for prenatal care as prescribed by the attending Physician or as sole source of nutrition.
- l. Medications used for the treatment of sexual dysfunction.
- m. Medications used for cosmetic purposes.
- n. New Medications for which the determination of criteria for Coverage has not yet been established by PIC's Pharmacy and Therapeutics Committee.