

# PAGE 7 OF THE 2008 MONTGOMERY COUNTY EMPLOYEE BENEFIT PLAN DOCUMENT

- 16. Outpatient PRESCRIPTION DRUG EXPENSE COVERAGE WITHOUT DRUG CARD**  
Employees and their eligible dependents who participate in this plan and who were hired after January 1, 2004 will not be eligible for the OUTPATIENT PRESCRIPTION DRUG CARD. You must submit your prescription drug receipts to the claims administrator for payment. Eligible drugs will be reimbursed by the plan at 80% of the usual and necessary price as determined by the claims administrator. Prescription drug expenses will be subject to all plan provisions including the pre-existing limitation provision and cannot be used to satisfy deductibles or co-insurance maximums of the High Deductible Option Plan or Low Deductible Option Plan. After you and your participating dependents have satisfied 18 months of continuous participation in this plan you will be issued a prescription drug card and will be eligible for the benefits listed below (See #17) Outpatient prescription drug expense with drug card)
- 17. Outpatient PRESCRIPTION DRUG EXPENSE COVERAGE WITH DRUG CARD**  
Outpatient prescription drugs must be filled with your prescription drug card if you have been in the plan for more than 18 months and hired before January 1, 2004. For employee and dependents that are eligible for the drug card you will not be eligible for reimbursement under the medical Plan, with the exception of Compound Prescriptions. Co-pays and any additional RX charges cannot be used to satisfy deductibles or co-insurance maximums of the High Deductible Option Plan or Low Deductible Option Plan (See page 7 & 8) for additional information and limitations. \*This coverage pays benefits for prescription drugs bought for the medical care of a Plan Participant's sickness or injury. All outpatient prescription drugs must be filled with your drug card. Reimbursement will not be allowed under the medical plan. The plan will not be responsible for prescriptions filled after your termination date. Participants will be required to use their ID card for prescription drugs and pay the following amounts:

## RETAIL PHARMACY- 30-day supply or less ONLY

<b>Generic</b>	<b>\$15.00 minimum co-pay or a 10%co-pay, whichever is greater</b> , per prescription. **If your prescription cost is less than the \$15.00 minimum co-pay you will only pay the actual cost of the prescription.**
<b>Preferred Brand Name</b>	<b>\$25.00 minimum co-pay or a 20%co-pay, whichever is greater</b> , per prescription. **If your prescription cost is less than the \$25.00 minimum co-pay you will only pay the actual cost of the prescription.**
<b>Non-Preferred Brand Name</b>	<b>\$35.00 minimum co-pay or a 30%co-pay, whichever is greater</b> , per prescription. **If your prescription cost is less than the \$35.00 minimum co-pay you will only pay the actual cost of the prescription.**
<b>Compound Prescriptions</b>	<b>\$35.00 minimum co-pay or a 30%co-pay, whichever is greater</b> , per prescription. **If your prescription cost is less than the \$35.00 minimum co-pay you will only pay the actual cost of the prescription.**

(List of Non-Preferred Brand Name and Preferred Name drugs is provided by MAXOR, and in addition, their list of Preferred and Non-Preferred Drugs is subject to change. Contact 1-800-687-0707 for a current list.) \*Co-payments will be required for refills.

## MAXOR MAILORDER PHARMACY–Greater than a 30 day supply

<b>Generic</b>	<b>\$15.00* co-pay</b> per prescription per participant or the actual cost, if less
<b>Preferred Brand Name</b>	<b>\$25.00* co-pay</b> per prescription per participant or the actual cost, if less
<b>Non-Preferred Brand Name</b>	<b>\$35.00* co-pay</b> per prescription per participant or the actual cost, if less

(List of Non-Preferred Brand Name and Preferred Brand Name drugs is provided by MAXOR, and in addition, their list of Preferred and Non-Preferred Drugs is subject to change. Contact 1-800-687-0707 for a current list.) \*Co-payments will be required for refills.

Not all charges are eligible; see definition of Eligible Charges (**page 8**). A person's protection under this coverage may be extended after the date that person ceases to be a Covered Person. See COBRA (**pages 26 - 27**) and Continuation of Health Care. The Plan is not liable for any prescription filled after the termination of coverage under this benefit. Any benefits paid after termination will be recovered from the former Plan Participant.

The Montgomery County Employee Benefit Plan ID card with the RX information will be honored by most local

pharmacies. MAXOR will be responsible for contracting with all pharmacies that will accept the ID card. They may be contacted at 1-800-687-0707.

For drugs ordered through the MAXOR MailOrder pharmacy, you may receive up to a 90-day supply prescribed by your physician for the \$15, \$25 or \$35 co-pay. Employees are required to use the mail order service for maintenance drugs or any prescription that is written for greater than a 30-day supply. Contact the Risk Management Department for additional information. Any amounts spent on prescriptions, whether actual costs or co-pays, do not apply toward deductibles or co-insurance provisions. This Plan will not coordinate benefits with any other entity in regard to outpatient prescription drugs purchased with your drug card or submitted for reimbursement to this plan during your first 18 months of coverage.

A Prescription Drug means:

- 1) A medicinal substance that, by law, can be dispensed only by prescription;
- 2) A compound medication that includes a substance described in (1); or
- 3) Injectable insulin.

**\*Note: A “generic drug” is a Prescription Drug identified by its official or chemical name rather than by a brand name.**

## **ELIGIBLE CHARGES**

A charge is an Eligible charge if it is made for a Prescription Drug that meets all of these conditions:

- 1) It is prescribed in writing by a licensed physician;
- 2) It is bought while the person is a Covered Person;
- 3) It is dispensed by a pharmacy or any other person or organization licensed to dispense drugs;
- 4) As approved by the plan administrator.

**A charge is not an Eligible Charge if it is described in Charges Not Covered below.**

## **CHARGES NOT COVERED**

- 1) Charges for a prescription or a refill of a prescription that are more than the charges for a 90-day supply;
- 2) A charge for a refill of a prescription that is:
  - a. in excess of the number specified by the Doctor; or
  - b. furnished more than one year after the date of the Doctor’s original order of the Prescription Drug;
- 3) Drugs or medicines for which reimbursement is provided under any workers compensation law, or by any municipal, state, or federal program;
- 4) Medicines or drugs which are lawfully obtainable without a prescription written by a licensed physician (“Over-the-counter” medications), except insulin, including vitamins (except prenatal vitamins), cosmetics, and dietary supplements, or drugs that have an over-the-counter equivalent;
- 5) Any charge for the administration or injection of any drug including injectable insulin;
- 6) Medicines or drugs prescribed for the treatment of infertility, nicotine addiction, hair loss, or to change skin pigmentation;
- 7) Replacement of lost, stolen, or damaged prescriptions;
- 8) Drugs or medications which are covered under the Major Medical Coverage section;
- 9) Any Generally Excluded Charges shown in the Limitations and Exclusions (page 34, Article IV);
- 10) For weight reduction beyond the limits in Article IV. Limitations and Exclusions (page 35, #25).