

## 17. Outpatient Prescription Drug Expense Coverage With Drug Card

Participants that have been issued a prescription drug card must fill their prescriptions with the prescription drug card. Participants that are eligible for the drug card are Eligible for reimbursement of Compound Prescriptions under the Plan. Co-pays and any additional Prescription Drug Expenses cannot be used to satisfy deductibles or co-insurance maximums of the High or Low Medical Deductible Plan Options (see additional information and limitations - pages 2-3). A current list of Preferred and Non-Preferred Brand Name drugs is provided by MAXOR 1(800)687-0707. A current list of Specialty medications restricted to be filled at Maxor Specialty Pharmacy is 1(800)687-0707. The lists are subject to change.

### Retail Pharmacy - 30 day supply or less only

Generic	\$15.00 minimum co-pay or a 10% co-pay*, whichever is greater, per Prescription.**
Preferred Brand Name	\$25.00 minimum co-pay or a 20% co-pay*, whichever is greater, per Prescription.**
Non-Preferred Brand Name	\$35.00 minimum co-pay or a 30% co-pay*, whichever is greater, per Prescription.**
Compound Prescriptions	\$35.00 minimum co-pay or a 30% co-pay*, whichever is greater, per Prescription.**

### MXP Pharmacy - Mail Order – Greater than a 30 day supply

Generic	\$15.00 co-pay* per Prescription per Participant or the actual cost, if less.**
Preferred Brand Name	\$25.00 co-pay* per Prescription per Participant or the actual cost, if less.**
Non-Preferred Brand Name	\$35.00 co-pay* per Prescription per Participant or the actual cost, if less.**

### Maxor Specialty Pharmacy – Up to 90 day supply\*\*\*

Generic	10% with a maximum patient pay of \$15.00 per Prescription
Preferred Brand Name	20% with a maximum patient pay of \$25.00 per Prescription
Non-Preferred Brand Name	30% with a maximum patient pay of \$35.00 per Prescription

\*Co-pays are required for refills.

\*\*If your Prescription cost is less than the minimum co-pay, you will pay the actual cost of the Prescription or if a patient requests a brand name drug when a generic equivalent exists, the patient will pay the difference between the brand and the generic medication in addition to the applicable brand copay.

\*\*\* Specialty drugs are restricted to Maxor Specialty Pharmacy.

Not all Expenses are an Eligible Expense (see Definition of Eligible Expenses - page 20). A person's protection under this coverage may be extended after the date that person ceases to be a Participant (See Continuation of Health Care COBRA- pages 28-30). 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 Participant.

The Montgomery County Employee Benefit Plan ID/Prescription card will be honored by most pharmacies. MAXOR will be responsible for contracting with all pharmacies that will accept the Montgomery County Employee Benefit Plan ID/Prescription card. They may be contacted at 1-800-687-0707. For Prescription Drugs ordered through MXP Pharmacy - Mail Order, you may receive up to a 90-day supply prescribed by your Physician for the \$15.00, \$25.00, or \$35.00 co-pay. Participants are required to use the mail order service for maintenance drugs or any Prescription Drug that is written for greater than a 30-day supply. Contact the County Risk Management Department for additional information regarding the Mail Order Program. Any amounts spent on Prescription Drugs, whether actual costs or co-pays, do not apply toward deductibles or co-insurance provisions under this Plan. This Plan **will not** coordinate benefits with any other entity in regard to outpatient Prescription Drugs purchased with your Montgomery County Employee Benefit Plan ID/Prescription card or submitted for reimbursement to the Plan.

### **Prescription Drug Definitions - 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.

**Prescription Drug Eligible Expense Charge** is an Eligible Expense charge for a Prescription Drug under the Plan if it meets all of the following conditions, unless it is specifically excluded under the Schedule of Benefits Limitations and Exclusions:

1. It is prescribed in writing by a licensed Physician in the United States;
2. It is bought while the person is a Participant;
3. It is dispensed by a pharmacy or any other person or organization licensed to dispense Prescription Drugs in the United States;
4. It is for prenatal vitamins prescribed by a Participant's Physician to be used during pregnancy or vitamins prescribed by a Participant's Physician if deemed Medically Necessary for an Injury or Illness not otherwise excluded;
5. It is approved by the Plan Administrator.

### **Prescription Drug Expenses Not Covered**

Unless otherwise specifically included, benefits will not be paid for Expenses:

1. Expenses for a prescription or a refill of a prescription that are more than the Expenses for a 90-day supply;
2. Expenses for a refill of a Prescription that is:
  - a. In excess of the number specified by the Physician; or
  - b. Furnished more than one year after the date of the Physician's original order of the Prescription Drug;
3. Medicines or drugs 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 prescribed by a Participant's Physician to be used during pregnancy or vitamins prescribed by a Participant's Physician if deemed Medically Necessary for an Injury or Illness not otherwise excluded), cosmetics and dietary supplements, or drugs that have any 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 Expenses shown in the Article IV Limitations and Exclusions (see pages 38-40);
10. For weight reduction beyond the limits in Article IV Limitations and Exclusions (see page 39, #25).