

PERS RX BENEFIT

Outpatient Prescription Medications of Drug and Diabetes Supplies

Retail and Mail Order

*Formulary Drug

Generic
allowed Charge. \$5 Copayment Amount per Prescription Order or refill, then 85% of

Drug Coinsurance Benefits are subject to the Outpatient Prescription Medication or
Maximum Amount. Deductible Amount is waived.

Brand
of allowed Charge. \$20 Copayment Amount per Prescription Order or refill, then 75%

Drug Coinsurance Benefits are subject to the Outpatient Prescription Medication or
Maximum Amount. Deductible Amount is waived.

*Nonformulary Drug \$25 Copayment Amount per Prescription Order of refill, then 50% of
Allowed Charge.

Deductible Amount is waived.

The Copayment Amount will apply to each Prescription Order of refill dispensed, except the following nonprescription diabetes supplies: syringes, lancets, blood glucose test strips, urine test products and control solutions.

If a Generic Prescription Medication or Drug is the therapeutic equivalent for a Brand Name Prescription Medication or Drug, and is authorized by a Member's Professional Health Care Provider, benefits will be based on the Allowance for the Generic equivalent. If the Member does not accept the Generic equivalent the Member is reasonable for the cost difference between the Generic and the Brand Name Prescription Medication or Drug and applicable Cost Sharing Amounts.

Prescription Medication or Drug Cost Sharing Amounts do not apply toward the Out-of-Pocket Maximum Amount.

The Copayment Amounts are waived for prenatal vitamins when the Member is enrolled under the Prenatal Plus Program.

Outpatient Prescription Medication or Drug Coinsurance Maximum Amount is:

\$1,000 per Member per Benefit Period