| HADDON TOWNSHIP PRESCRIPTION DRUG BENEFIT SUMMARY | | | |
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| **PRESCRIPTION DRUG BENEFITS POS PLAN** | | | |
| | **NETWORK PHARMACY** | **NON-NETWORK PHARMACY** | **CERTAIN DRUGS & MEDICATION REQUIRING PRIOR AUTHORIZATION** |
| **Retail Pharmacy Option – Thirty (30) day supply** | | | • Injectable Contraceptives<br>• Self Injectable Medications<br>• Injectable Androgens & Anabolic Steroids<br>• Anti-obesity Medications<br>• Synagis or such Medications<br>• Fertility Medications<br>• Hemophilia Meds<br>• Specialty Medications<br>Coverage for Specialty Medications can vary. To confirm plan coverage and to order call 1.800.501.7260 between 8:00 AM and 8:00 PM eastern time, Monday through Friday; or ask the prescribing Physician to call 1.800.987.4904 to order the prescription.<br><br>Refer to "**Dispensed as Written" Drug Provision below** – Brand Name Drug versus Generic Drug for additional copayment and financial responsibility. |
| Generic Drug | 10% Copayment | NOT COVERED | |
| Preferred Brand Name | 10% Copayment* | NOT COVERED | |
| Non-preferred Brand Name | 10% Copayment* | NOT COVERED | |
| **Retail Pharmacy Option – Thirty (30) day supply** | **Maintenance Medication after the 2nd fill will have the following Prescription Drug Copayments**** | | |
| Generic Drug | 40% Copayment** | NOT COVERED | |
| Preferred Brand Name | 40% Copayment*/** | NOT COVERED | |
| Non-preferred Brand Name | 40% Copayment*/** | NOT COVERED | |
| **Mail Order Prescription Drug Option – Ninety (90) day supply** | | | |
| Generic Drug | 10% Copayment | NOT COVERED | |
| Preferred Brand Name | 10% Copayment* | NOT COVERED | |
| Non-preferred Brand Name | 10% Copayment* | NOT COVERED | |

**Note: Drugs/medications classified as Preventive under the Guidelines of the PPACA will have a $0 copayment.**

**Dispensed As Written Drug Provisions – (Selecting a Brand Name versus Generic Drug)***

This Plan requires that Retail Pharmacies dispense Generic Drugs whenever available, such as, when the Physician indicates on the script "Dispense as Written" or "DAW 1", allowing a Generic Drug to be dispensed, or when the Physician specifically prescribes a Brand Name Drug and indicates on the script "Dispense as Written" or "DAW 2". Should a Covered Person choose a Brand Name Drug rather than the Generic Drug equivalent at any time, *(other than when it is determined to have medical implications)*, the Covered Person is responsible for the Generic copayment plus the difference in the cost of the Generic Drug versus the Brand Name Drug. The Covered Person's share or responsibility of this prescription cost *(the copayment plus the drug cost difference)* does not apply toward the satisfaction of the out-of-pocket maximum. Additionally, the prescription drug copayments are not eligible for reimbursement under this Medical Plan.

**Mandatory Mail Order Pharmacy Drug Program for Maintenance Medications/Drugs****

Each Maintenance Medication/Drug that will be taken on an ongoing basis must be filled through the Mail Order Pharmacy Drug Program. A Covered Person should request two (2) prescriptions from his or her Physician. The first should be for the thirty (30) day supply that the Covered Person may fill at the Retail Pharmacy. This will provide the Covered Person with the necessary medications until the Mail Order request can be processed. The second prescription should be for the ninety (90) day supply that may be filled through the Mail Order Pharmacy Drug Program.

This Plan will allow each Maintenance Medication/Drug to be filled two (2) times at a Retail Pharmacy (each a thirty (30) day supply). Any additional refills that would have been filled at a Retail Pharmacy will be required to be filled through the Mail Order Pharmacy Drug Program. If these medications/drugs are then not filled through the Mail Order Pharmacy Drug Program, there will be an increase at the Retail Pharmacy for all such Maintenance Medications to a 40% copayment. The 40% copayment penalty will not be covered under this Medical Plan.

**Additional information on Prescription Drugs can be found in the Prescription Drug Benefits section of this document.**