

2-Tier Plans	\$10 Generic \$40 Brand	\$10 Generic \$50 Brand	3-Tier Plan	\$15 Generic \$40 Preferred Brand \$80 Non-Preferred Brand	\$20 Generic \$50 Preferred Brand \$100 Non-Preferred Brand
3-Tier Plan	\$5 Generic \$25 Preferred Brand \$50 Non-Preferred Brand		25% co-pay for all Level IV drugs. Limited to \$3,500 per member co-pay per calendar year.		
25% co-pay for all Level IV drugs. Limited to \$3,500 per member co-pay per calendar year.			Retail Pharmacy Co-Pay: 30-day supply.		
Retail Pharmacy Co-Pay: 30-day supply.			Mail Order Co-Pay: 2.5x the retail co-pay; 90-day supply.		
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Tier IV Drugs

Specialty drugs are drugs used in the treatment of chronic and/or complex diseases requiring clinical management. These drugs are generally defined as high cost injectables, infused, oral, inhaled or biotech drugs. Please note that the drugs in this category are periodically updated and are subject to change without notice. Because specialty medications can be more difficult to manage, Orchard Specialty Pharmacy offers the following patient support services at no charge:

- Personalized support to help you achieve the best results from your prescribed therapy.
- Convenient delivery to your home or prescriber's office
- Easy access to a Care Team who can answer medication questions, provide educational materials about your condition, help you manage any potential medication side effects, and provide confidential support – all with one toll-free phone call.
- As a convenience, you can choose to receive your first specialty prescription through the mail or pick it up at any contracted retail store. After that first fill you will be required to use Orchard Specialty Pharmacy for all of your specialty medication needs.

If you have questions, or to begin taking advantage of these complimentary patient support services, call Orchard Specialty Pharmacy at 1-877-437-9012.

Step Therapy

Step therapy protocols are employed in situations where, if clinically appropriate, the use of a certain drug (perhaps a generic) should precede the use of a more expensive medication that was originally prescribed. Step therapy is electronic and if the initial drug therapy has been tried, the computer looks to the patient's history and assumes that if a new drug has been prescribed after the initial therapy, that the protocol has been satisfied and the new prescription is allowed to fill.

OTC Programs

Two popular categories of medications, PPIs (Proton Pump Inhibitors) and NSAs (Non-Sedating Antihistamines) now have OTC (over-the-counter) equivalents that you can purchase without a prescription. These two categories of medications will not be covered under the plan.

Examples of PPIs not covered under the plan are: Aciphex, Nexium, Prilosec (omeprazole), Prilosec OTC (omeprazole OTC), Prevacid, Protonix, Zegerid, and any future PPI medication that may become available. As an example, Plan member may purchase Prilosec OTC, omeprazole OTC without a prescription, but these medications are not covered under the plan.

Examples of NSAs not covered under the plan are: Allegra, Clarinex, Singulair, Claritin (loratidine), Zyrtec (cetirizine), Astelin Nasal Spray, Xyzal, and any future NSA medication that may become available. As an example, Plan member may purchase Claritin OTC, loratidine OTC, Zyrtec OTC, cetirizine OTC without a prescription, but these medications are not covered under the plan.

Mandatory Generic: If a Physician writes a prescription for a brand name drug and a generic drug is available, the Covered Person will be charged the brand name co-pay and the difference in ingredient cost between the brand name and generic, whether or not the Physician indicates “Dispense as Written” on the prescription.

If a drug is purchased from a non-participating Pharmacy, or a participating Pharmacy when the Covered Person's ID card is not used, the amount payable in excess of the co-payment will be the ingredient cost and dispensing fee.

Not Covered: No Prescription Drug Expense Benefits will be paid for:

1. drugs dispensed by an individual not licensed to dispense drugs;
2. the administration or injection of any drug;
3. drugs labeled, “Caution – Limited by Federal Law to Investigational Use”, or experimental drugs, even though a charge is made to the individual;
4. contraceptives devices;
5. drugs administered and consumed at the time and place of the prescription issue;
6. therapeutic devices or appliances, including support garments and other non-medicinal substances; except for disposable insulin needles or syringes;
7. immunization agents, biological sera, blood or blood plasma;
8. any prescription refilled in excess of the number specified by the Physician, or any refill dispensed after one (1) year from the Physician’s original order;
9. prescriptions for which a Covered Person is entitled to receive without charge from any Workers’ Compensation Law, or municipal, state or federal program;
10. medication which is to be taken by or administered to a Covered Person, in whole or in part, while the Covered Person is a patient in a licensed hospital, rest home, sanitarium, convalescent or extended care facility, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals;
11. expenses incurred by a Covered Person while not covered under this Policy;
12. antineoplastic drugs, except those prescribed in oral dosage form;
13. over the counter (OTC) products, except those specifically included, i.e. insulin;
14. drugs for which the pharmacy’s charges are equal to or less than the co-pay stated in the Schedule of Benefits;
15. hypodermic needles or syringes; except when prescribed and dispensed at the same time as insulin. Disposable needles or syringes must be dispensed in days supply corresponding to the amount of insulin dispensed, not to exceed a ninety (90) day supply. Only one (1) co-pay shall be charged for the total prescription which shall include the insulin and needles or syringes;
16. drugs furnished, whether on an inpatient or outpatient basis, which are covered under any other carrier providing group coverage for Prescription Drugs through a coordination of Benefits provision;
17. tretinoin, all dosage forms (e.g. Retin-A), for covered Persons twenty-six (26) years of age or older;
18. fertility drugs, diet pills or dietary supplements, medicines or supplies which do not require a prescription for purchase, drugs for treatment of hair loss, vitamins or nutritional supplements, nicotine gum, Habitrol, Nicoderm and other drugs to aid in smoking cessation or experimental drugs;
19. genetically engineered, biotherapeutic drugs or enzyme replacement drugs. Growth hormone drugs such as Protropin or any formula used for growth treatment;
20. drugs to treat sexual dysfunction (e.g., Viagra) are limited to 12 per month;
21. Mifepristone, RU486 and any other similar drug intended to induce abortion or miscarriage following sexual intercourse;
22. Injectables or any prescription directly administered by injection (other than insulin), unless the option to cover injectables is chosen.
23. Proton Pump Inhibitors, to include (generics in parenthesis):
 - Achiphex (rabeprazole)
 - Nexium (esomeprazole)
 - Prilosec (omeprazole)
 - Otc prilosec (omeprazole OTC)
 - Prevacid (lansoprazole)
 - Protonix (pantoprazole)
 - Zegerid (omeprazole-Sodium Bicarbonate)
24. Non-Sedating Antihistamines to include (generics in parenthesis):
 - Allegra (Fexofenadine)
 - Clarinex
 - Singulair
 - Claritin (Loratadine)
 - Zyrtec (Cetirizine)
 - Astelin Nasal Spray
 - Xyzal