

Dade County Firefighters Insurance Trust

2010 Pharmacy Management Program

The pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of pharmacies (more than 55,000 nationwide) to provide convenient access to medications.

While most pharmacies participate in the network, you should check first. Call your pharmacist or visit the online pharmacy service at www.365WellSt.com. The online service offers you home delivery of prescriptions, ability to view personal benefit coverage, access health and well being information, and even location of network retail neighborhood pharmacies by zip code.

Copayment per Prescription Order or Refill

For a single Copayment, you may receive a Prescription Drug Product up to the stated supply limit, unless it is adjusted based on the drug manufacturer's packaging size, or based on supply limits. Some products are subject to additional supply limits.

Also note that some Prescription Drug Products require that you notify in advance to determine whether the Prescription Drug Product meets the definition of a Covered Health Service and is not Experimental, Investigational or Unproven.

An annual \$25 deductible will apply prior to copays taking effect. The deductible will apply to each covered individual.	Generic Prescription Drug Product	Brand-name Prescription Drug Product on the Preferred Drug List*	Brand-name Prescription Drug Product not on the Preferred Drug List
Retail Network Pharmacy For up to a 31 day supply	\$10 copay	\$25 copay	\$50 copay
Mail Service Network Pharmacy For up to a 90 day supply	Zero copay	\$62.50 copay	\$125 copay
Retail Non-Network Pharmacy For up to a 31 day supply	Not Covered	Not Covered	Not Covered
Growth Hormones Must be Coordinated through PharmaCare Pharmacy	10% Co-Pay	10% Co-Pay	10% Co-Pay

*Our Preferred Drug List includes those drugs available to you at the most affordable cost. It is one of the best ways to maximize your prescription drug benefits. The drug list, developed by physicians and pharmacists on our national Pharmacy and Therapeutics committee, includes a wide selection of generic and brand name prescription medications commonly prescribed by physicians. The Preferred Drug List is updated throughout the year. The most current version is available at our online pharmacy at www.365WellSt.com.

Other Important Cost Sharing Information

NOTE: If you purchase Prescription Drug Product from a Non-Network pharmacy, you may be responsible for any difference between what the Non-Network pharmacy charges and the amount we would have paid for the same Prescription Drug Product dispensed by a Network pharmacy.

Exclusions

Exclusions from coverage listed in the Certificate apply also to this Rider. In addition, the following exclusions apply:

[This does not apply to Depo Provera and other injectable drugs used for contraception.]

Coverage for Prescription Drug Products for the amount dispensed (days supply or quantity limit) which **exceeds the supply limit**.

Drugs which are prescribed, dispensed or intended **for use while you are an inpatient** in a Hospital, Skilled Nursing Facility, or Alternate Facility.

Experimental, Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental.

Prescription Drug Products **furnished by the local, state or federal government**. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.

Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, **employment** for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.

Any product dispensed for the purpose of appetite suppression and other **weight loss** products.

Compounded drugs that do not contain at least one ingredient that requires a Prescription Order or Refill.

Drugs available **over-the-counter** that do not require a Prescription Order or Refill by federal or state law before being dispensed. Any drug that is therapeutically equivalent to an over-the-counter drug.

A **specialty medication** Prescription Drug Product (such as immunizations and allergy serum) which, due to its characteristics as determined by us, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting. [Prescription Drug Products for smoking cessation.]

Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.

Replacement Prescription Drug Products resulting from a lost, stolen, broken or destroyed Prescription Order or Refill.

General and Injectable Vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.

Unit dose packaging of Prescription Drug Products.

Medications used for cosmetic purposes.

New Prescription Drug Products and/or new dosage forms until they are reviewed and approved by our Pharmacy and Therapeutics Committee.

Prescription Drug Products, including new Prescription Drug Products, or new dosage form that are determined to **not be a Covered Health Service**.

This summary of Benefits is intended only to highlight your Benefits for outpatient Prescription Drug Products and should not be relied upon to determine coverage. Your plan may not cover all your outpatient prescription drug expenses. Please refer to your Outpatient Prescription Drug Rider and your Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Outpatient Prescription Drug Rider or your Certificate of Coverage, the Outpatient Prescription Drug Rider and Certificate of Coverage prevail. Capitalized terms in the Benefit Summary are defined in the Outpatient Prescription Drug Rider and/or Certificate of Coverage.