

<b>Benefits</b>	<b>Copay</b>	<b>Day Supply</b>
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age	Up to age 26 Removal upon End of Month	
Older Age Child	Ages 26 – 28 Removal upon End of Month (cost of coverage at the employee's expense)	
<b>SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to one refill of a prescription drug</b>		
Proton Pump Inhibitors (i.e., Prilosec OTC – Omeprazole)	\$0	30
Generic Copayment	\$4	30
Formulary Copayment	25% (\$30 max)	30
Non-Formulary Copayment	25% (\$75 max)	30
<b>SuperMed Script Retail Program with Oral Contraceptive Coverage – after the second retail fill of a prescription drug</b>		
Generic Copayment	Not Covered	
Formulary Copayment	Not Covered	
Non-Formulary Copayment	Not Covered	
<b>SuperMed Script Home Delivery Program with Oral Contraceptive Coverage</b>		
Generic Copayment	\$10	90
Formulary Copayment	25% (\$60 max)	90
Non-Formulary Copayment	25% (\$175 max)	90

**Note:** In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

**Important Information for Diabetics:** you may be able to obtain diabetic supplies at no cost to you by participating in MMO's Disease Management program. If you have questions about the program and/or wish to enroll, please call 1-800-861-4826

Includes Coverage Management and Prior Authorization

Covered: Diabetic supplies, including over-the-counter items – insulin, syringes & needles, glucose monitors & meters.  
Allergy Serum

Not Covered: Fertility Drugs, Growth Hormones and Weight Loss Drugs

<sup>1</sup>SuperMed Script contains the following:

- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a third time at a retail pharmacy within 180 days, the prescription will not be covered.

<sup>2</sup>Coverage includes Preventive Medications, in accordance with Federal Law.