

SUMMARY OF ADDITIONAL BENEFITS

This summary briefly describes additional benefits available under this program. Please refer to your benefit booklet for a complete description of covered services and supplies, limitations, and exclusions. **This summary of benefits is not a contract.**

CHIROPRACTIC CARE BENEFIT

- () When this benefit is selected, chiropractic spinal and other manipulations are covered on the same basis as any other care. The calendar year visit maximum stated earlier in this summary under "Chiropractic/Osteopathic Spinal And Other Manipulations" does not apply to these types of manipulations.
- () **Not** included in this program.

MENTAL HEALTH CARE BENEFIT

- () Benefits for mental health services are provided on the same basis as any other benefit under this program, and are subject to the calendar year deductible and coinsurance maximum (see "Benefit Payments").
 - Inpatient Care: Limited to 7 days per calendar year. As an alternative to inpatient care, this program provides coverage for "partial hospital days"; two partial hospital days count as one inpatient day.
 - Outpatient Therapeutic Visits: Limited to 14 visits per calendar year.
- () **Not** included in this program.

VISION BENEFIT

- () Vision II (Please see separate summary for details about this benefit.)
- () Vision III (Please see separate summary for details about this benefit.)
- () **Not** included in this program.

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SUMMARY OF PRESCRIPTION DRUG BENEFITS

This summary briefly describes the additional Prescription Drug benefits available under this program, [including prescription contraceptive drugs and devices](#). Please refer to your benefit booklet for a complete description of covered services, limitations, and exclusions. **This summary of benefits is not a contract.**

PRESCRIPTION DRUGS 3-TIER BENEFIT PLAN OPTIONS

Tier 1	Generic drugs	Enrollee pays lowest copay
Tier 2	Preferred brand name drugs	Enrollee pays mid-range copay
Tier 3	Non-preferred brand name drugs	Enrollee pays highest copay

Standard Copay Options:

	<u>Retail</u>	<u>Mail-Order</u>
()	Tier 1 \$5 / Tier 2 \$15 / Tier 3 \$30	Tier 1 \$10 / Tier 2 \$30 / Tier 3 \$60
()	Tier 1 \$10 / Tier 2 \$20 / Tier 3 \$40	Tier 1 \$20 / Tier 2 \$40 / Tier 3 \$80
()	Tier 1 \$15 / Tier 2 \$25 / Tier 3 \$40	Tier 1 \$30 / Tier 2 \$50 / Tier 3 \$80

- Retail**
 - One retail copay for each 30-day supply
 - Enrollees may receive up to a 90-day supply at one time

- Prescriptions-By-Mail**
 - One mail-order copay for up to a 90-day supply
 - Mail-order copay is always twice the retail copay amount

- Participating Pharmacies**
 - After enrollee pays the specified copayment, benefits are provided at 100% of allowable charges.

- Nonparticipating Pharmacies**
 - Enrollee pays the full cost of each new prescription or refill. Benefits are provided at 60% of allowable charges, less the specified copayment.

- Pay The Difference**
 - If the prescriber allows a substitution to a generic drug and the enrollee requests a brand name drug, the enrollee is responsible for paying the difference in cost between the generic equivalent and the brand name drug, in addition to the applicable brand name copay (Tier 2 or Tier 3).
 - If the prescriber does not allow a generic substitution, the enrollee is responsible only for the applicable brand name copay.

- Other Features**
 - Coverage includes oral contraceptives, diaphragms, and cervical caps.
 - Prescriptions-By-Mail can be ordered through regular mail, by phone, by fax

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(from the prescriber's office), and via the internet at: www.merck-medco.com

- We do not use a "closed formulary." Non-preferred brand name drugs are covered.
- A national retail network is at your disposal; toll-free 24-hour pharmacy locator line

() Prescription Drugs are **not** included in this program.