



Prescription Drug Copayment Plan Benefit Summary

This is a brief summary of your prescription drug benefits. Refer to your Prescription Drug Rider or consult with your benefits manager for more information. The Prescription Drug Rider and the Membership Agreement will prevail for all benefits, conditions, limitations and exclusions. All Benefits described below are per Member per **Calendar year**.

Personalized for: Max Restaurant Group

PRESCRIPTION DRUGS	IN-NETWORK		OUT-OF-NETWORK	
Covered prescription drugs through retail Participating Pharmacies or our mail order service. Generics are dispensed unless the provider writes Dispense as Written on the prescription. Your Plan includes the following: Mandatory Drug Substitution, Generic Substitution Program, Tiered Cost-Share Program, and Voluntary Mail Order Program.				
RETAIL PHARMACY (up to a 30-day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	\$15 Copayment per 30 day supply	100% after Copayment	100%	Not a covered benefit
Tier 2 drugs	\$30 Copayment per 30 day supply	100% after Copayment	100%	Not a covered benefit
Tier 3 drugs	\$40 Copayment per 30 day supply	100% after Copayment	100%	Not a covered benefit
MAIL ORDER PHARMACY (up to a 90-day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	\$30 Copayment per 90 day supply	100% after Copayment	100%	Not a covered benefit
Tier 2 drugs	\$60 Copayment per 90 day supply	100% after Copayment	100%	Not a covered benefit
Tier 3 drugs	\$80 Copayment per 90 day supply	100% after Copayment	100%	Not a covered benefit
Additional Information				
<ul style="list-style-type: none"> Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the Members Cost-Share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drugs or supplies clinical effectiveness and cost, not on whether it is a Generic Drug Or Supply or Brand Name Drug Or Supply. Generic Drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as Brand Name Drugs, but usually cost much less. So, ask your doctor or pharmacist if a Generic alternative is available for your prescription. Also, remember to use a Participating Pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722. Certain prescription drugs and supplies require Pre-Authorization from us before they will be covered under the Prescription Drug Rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires Pre-Authorization. Always remember to carry your ConnectiCare ID Card. If you are a Massachusetts resident, please refer to your Amendatory Rider for Massachusetts Mandated Benefits for additional details of your benefits. 				