

## Medtipster® Rx Prescription Drug Coverage

### Summary of Benefits and Coverage for: Michigan Conference of the United Methodist Church

This is intended as an easy-to-read summary and provides only a general overview of your benefits. Additional limitations and exclusions may apply. Payment amounts are based on approved amounts, less any applicable deductible and/or copay. For a complete description of benefits, please see your summary plan document. If there is a discrepancy between this summary of benefits and coverage and your applicable plan document, the plan document will control.

Generic prescription drugs	\$15 for each drug
Preferred Brand name prescription drugs	\$30 for each drug
Non-Preferred Brand name prescription drugs	\$60 for each drug
Specialty prescription drugs (30 day supply only)	25% for each drug
Mail order (home delivery) prescription drugs	<b>Copay for a 31 to 90 day supply:</b> <ul style="list-style-type: none"> <li>• \$30 for each generic drug</li> <li>• \$60 for each preferred brand name drug</li> <li>• \$120 for each non-preferred brand name drug</li> </ul>
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs <b>Note:</b> Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug

**Note:** If you request the brand-name drug when a generic equivalent is available on the MAC list and the prescriber has not indicated “Dispensed as Written” (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic **plus** the applicable copay.

#### Covered services

Prescribed generic contraceptives	Covered – 100%
Prescribed over-the-counter (OTC) drugs – when covered by Medtipster.	Covered – 100% less plan copay
Prescribed qualifying Medtipster generic drugs filled at a preferred Medtipster network pharmacy – when covered by Medtipster. Qualifying generic and preferred pharmacy information is available at <a href="http://www.medtipsterfree.com">www.medtipsterfree.com</a> .	Covered – 100%
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs <b>Note:</b> Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug

**Note:** Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.

#### Features of your plan

Drug interchange	Certain drugs may not be covered for a second prescription if a suitable alternate drug is identified, unless the prescribing physician demonstrates that the drug is medically necessary. If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay.
Quantity limits	Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization.
Annual out-of-pocket maximum	\$4,000.00 per individual, \$8,000.00 per family.