



A United Group Programs, Inc. Brand

Standalone or Enhance Healthcare Plans with Prescription Drug Program

PRESCRIPTION DRUG PROGRAM

Standard Drug Programs			
SUMMARY OF BENEFITS	Generic Only	Generic & Brand	Enhanced
Annual Deductible Per Member	\$0	\$100	\$100
Formulary	Rx Value	Rx Balance	Rx Select
Formulary Generic Copay	\$10	\$10	\$10
Formulary Brand Copay	Not Covered	\$35 or 50%*	N/A
Non-Formulary Copay	Not Covered	N/A	N/A
Preferred Brands Copay	N/A	N/A	\$30 or 50%*
Non-Preferred Brands Copay	N/A	N/A	\$70 or 50%*
Maximum Benefits Payable Per Member Per month	\$300	\$400	\$500

* Whichever is greater

Expanded Benefit RX Programs		
SUMMARY OF BENEFITS	RX Cap*	RX Boost
Formulary	Rx Cap	Provides Consultative Patient Advocacy Service Coordinates available programs for which members are eligible and qualified to enroll. Save on specialty prescriptions
Generic Cap - Level 1	\$0	
- Level 2	\$10	
- Level 3	\$40	
Preferred Brands Cap	\$200	
Non-Preferred Brands Cap	\$400	
Non-Formulary	100% Copay (at Network Contract Rate)	

* Prescriptions process at 100% Network Contract Rate, up to the Copay Cap. Copay Cap is dependent upon specific prescription. Please see Formulary for applicable Cap per Rx.

FOR PRODUCER USE ONLY. Refer to Policy for Complete Benefits and Exclusions.



COVERED MEDICATIONS:

All outpatient Medically Necessary Legend non-injectable medications shown on the Formulary, unless otherwise specifically excluded.

“Outpatient” means a Prescription Drug is not taken in, or administered by, a hospital or any other health care facility or office

Guaranteed Issue to large and small business clientele including all active employees and their dependents.

Access to a benefit rich and cost-effective alternative to discount prescription cards.

Members have access to 100% of chain and 90% of independent pharmacies nationwide.

Comprehensive formularies which cover all therapeutic drug classes.

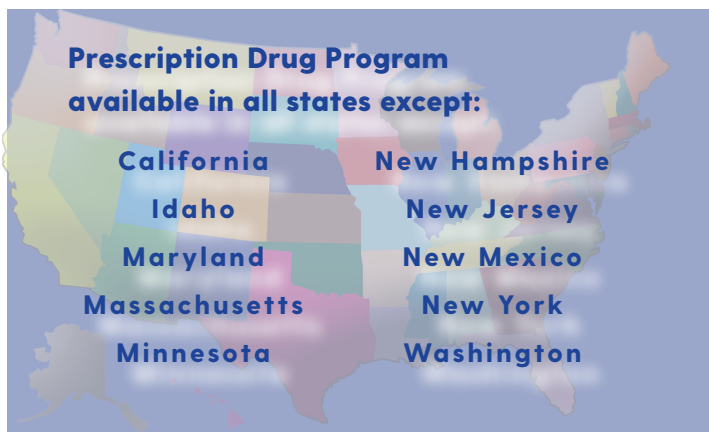
LIMITATION:

If a Brand Name prescription drug is dispensed in lieu of an available Formulary Generic prescription drug, then, in addition to any Deductible or Co-payment amount shown in the Schedule of Benefits, the Covered Person will be responsible for the cost of such prescription drug which exceeds the cost of its Generic alternative.

Refer to policy for list of Exclusions.

Additional Items Covered

FAMILY PLANNING	NUTRITIONAL PRODUCTS	OTHER LEGEND DRUGS
Oral contraceptives	Prenatal Legend vitamins	Acne products (Retin-A, up to 24th birthday)
		Cough & cold
		Immunosuppressants



Prescription Drug Program available in all states except:

California
Idaho
Maryland
Massachusetts
Minnesota
New Hampshire
New Jersey
New Mexico
New York
Washington

The information contained herein is a brief description of the important features of this insurance plan and provided for information purposes only. It is not an insurance contract nor is it an invitation or offer to contract. Coverage may not be available in all states or certain terms may be different when required by state law. See policy documents for a complete description of benefits, exclusions, limitations and conditions of coverage. **THIS IS A LIMITED POLICY.**

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