

Prescription Drug Benefit Summary

Effective January 1 – December 31, 2009

Infertility Medications^{1,2}

Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus	Independent Choice	Out-of Area Plan
Feature	Retail Pharmacy		Home Delivery	
Lifetime Maximum Benefit³			\$ 25,000	
Supply Limitations	30-day supply		30-day supply	
Generic Drug	\$5 copay		\$4 copay ⁴	
Formulary Brand Name Drug	30% coinsurance, no maximum ⁵		30% coinsurance, no maximum ⁵	
Non-Formulary Brand Name Drug	50% coinsurance, no maximum ⁵		50% coinsurance, no maximum ⁵	

1 The infertility treatment medical benefit includes the cost of prescription medications and requires prior authorization from Managed Health Care Systems (MHCS).

2 The prescription drug program annual out-of-pocket maximum does not apply to infertility medications.

3 Infertility treatment has a separate lifetime maximum benefit.

4 Certain non-specialty generic medications are available as a 90-day supply with a \$12 copay.

5 The infertility drug coinsurance does not have a maximum coinsurance per prescription.

Notes:

Certain prescription drugs require prior authorization; refer to hr.osu.edu/benefits/healthprescription.htm for additional information.

See also the Prescription Drug Plan Design for the medical plans, Specialty Medications, and the Value Based Prescription Drug Plan, online at hr.osu.edu/benefits/healthprescription.htm.

This document is intended to be a short summary of program provisions. Plan limitations and exclusions are not included.

For greater details about the Prescription Drug Program, refer to the Medical Plans – Specific Plan Details document, available online at hr.osu.edu/hrpubs.

If the information in this summary differs from the online information, the online information will govern.