

---

# Your Plan At A Glance

---

## **Dental Program (For Full Time And Part Time Members And Their Covered Dependents)**

\$50 per person, \$100 per family calendar year deductible, then covered per fee schedule which is accepted as payment in full by participating dentists to \$2,500 maximum payment per person per calendar year. Lifetime maximum of \$2,500 per person for orthodontics.

## **Prescription Drug Plan (For Full Time Members And Their Covered Dependents)**

Card program with a 5% co-payment for generic drugs, a 15% copayment for preferred brand name drugs, and 50% co-payment for non-preferred brand name drugs, to a \$10,000 maximum payment per family per calendar year. Mail order available for a 90-day supply of maintenance drugs with a 5% co-payment for generic drugs, a 15% co-payment for preferred brand name drugs, and a 50% co-payment for non-preferred brand name drugs. In addition, member will be responsible to pay the difference between the cost of the brand name and the generic equivalent plus the generic co-pay when brand name medications have a direct generic equivalent available.

The Plan requires Prior Authorization for the **Proton Pump Inhibitors (PPIs)** therapeutic drug class.

Quantity limitation on **Sleep Aids**. In compliance with the guidelines issued by the FDA, coverage of Sleep Aids are limited to 10 pills/month.

Mandatory Step Therapy or Prior Authorization on all new or refill prescriptions for brand name **Statin** class drug.<sup>1</sup>

### **Two Incentives to using First Line Generic Drugs**

- A) First Line generic drugs listed above will be available to you **Free of Charge**.
- B) The Semiannual \$50 Deductible is waived on all First Line generic drugs filled.

## **Life-Style Benefit (For Full Time Members and Their Covered Dependents)**

Up to \$200 per family per year reimbursed for prescriptions for sexual dysfunction drugs

## **Newborn Benefit (For Full Time Members And Their Covered Dependents)**

\$500 benefit for birth of a child or adoption of a child who is up to 18 years of age

## **24 Hour Nurse HelpLine (For Full Time and Part Time Members And Their Covered Dependents)**

Contact registered nurses to assist with health questions and/or listen to over 1000 pre-recorded tapes dealing with medical topics.

<sup>1</sup> Step therapy/prior authorization will not apply to prescriptions presented for Lipitor 80 mg.

---

# Your Plan At A Glance (Contd.)

---

## **Hearing Aid Benefit (For Full Time Members And Their Covered Dependents)**

Up to \$3,000 per device per person once every three years and up to \$250 per mold once every three years.

## **Optical Benefit (For Full Time Members And Their Covered Dependents And For Part Time Employees)**

Eye exam and one pair of eyeglasses or contact lenses or a supply of disposable lenses per person once per calendar year through participating providers; up to \$100 per person per calendar year reimbursement if using a non-participating provider.

## **Short Term Disability Coverage (For Full Time Members)**

50% of gross weekly earning to \$300 maximum benefit for 13 weeks.

## **Long Term Disability Coverage (For Full Time Members)**

50% of gross salary to \$3,000 maximum per month to age 65.

## **Life Insurance Coverage (For Full Time and Part Time Members)**

\$25,000 up to age 65; \$5,000 ages 65-69; \$1,000 ages 70 and over.  
One half of the benefit is paid from the first through the twelfth month of employment as a member, with full coverage thereafter.

<sup>1</sup> Step therapy/prior authorization will not apply to prescriptions presented for Lipitor 80 mg.