



**COSE RX Option 4
SuperMed® Script¹
Prescription Drug Program**



Benefits	Copay	Day Supply
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26	
Over Aged Child	28	
	Removal upon the end of month	
Calendar Year Deductible	\$250 per member	
SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of a prescription drug		
Generic Copayment	\$10 under \$600 threshold \$180 over \$600 threshold	30
Formulary Copayment	\$35 under \$600 threshold \$180 over \$600 threshold	30
Non-Formulary Copayment	\$60 under \$600 threshold \$180 over \$600 threshold	30
SuperMed Script Retail Program with Oral Contraceptive Coverage – after the third retail fill of a prescription drug		
Generic Copayment	\$20 under \$600 threshold \$360 over \$600 threshold	30
Formulary Copayment	\$70 under \$600 threshold \$360 over \$600 threshold	30
Non-Formulary Copayment	\$120 under \$600 threshold \$360 over \$600 threshold	30
SuperMed Script Home Delivery Program with Oral Contraceptive Coverage		
Generic Copayment	\$30 under \$1800 threshold \$540 over \$1800 threshold	90
Formulary Copayment	\$105 under \$1800 threshold \$540 over \$1800 threshold	90
Non-Formulary Copayment	\$180 under \$1800 threshold \$540 over \$1800 threshold	90

In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

¹SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.