

**Your 2013 Prescription Drug Benefit Chart**  
**Enhanced 10/25/40**  
**University of Dayton**  
**Effective January 1, 2013**

*The benefits and description of covered services within this summary are pending CMS approval and subject to change.*

<b>Formulary</b>	<b>Enhanced 3 Tier – Closed</b>
<b>Mandatory Generic</b>	<b>No</b>
<b>Deductible</b>	<b>\$0</b>
<b>Covered Services</b>	<b>What you pay</b>

**Initial Coverage**

Below is your payment responsibility until the cost paid by you and the Coverage Gap Discount Program for your prescriptions reaches your True Out of Pocket costs of \$4,750.

<b>Retail Pharmacy</b>	per 30-day supply (Specialty limited to a 30 day supply)
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	\$10 copay \$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$25 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands</li> </ul>	\$40 copay

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

<b>Mail Order Pharmacy</b>	per 90-day supply (Specialty limited to a 30 day supply; 30 day Retail copay applies)
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	\$15 copay \$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$65 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands</li> </ul>	\$100 copay

Generally you must fill prescriptions at a network pharmacy to receive benefits under this Plan. In certain circumstances you may be reimbursed for drug costs when you must get a covered prescription filled at an out-of-network pharmacy. You will have to pay the cost of the drug and submit a claim to us. You will be responsible for all amounts over our negotiated cost, plus any deductible, copayment or coinsurance listed in this benefit chart. Please see “When can you use a pharmacy that is not in your plan’s network?” section of your Evidence of Coverage for complete information.

**A stand alone prescription drug plan with a Medicare contract.**

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2013 Custom Enhanced 10/25/40 University of Dayton Full Gap

E3TGRC (6P)

07/20/2012

Covered Services	What you pay
<b>Vaccine Coverage</b>	
The up front costs for vaccines will vary based upon where the vaccine is purchased and administered. Some vaccines, such as Flu Vaccines, are paid under your Medicare Part B coverage. Vaccines that are covered by Medicare Part B are not covered by your Part D plan. Please see your Evidence of Coverage booklet for a complete explanation of your vaccine coverage.	
<b>Catastrophic Coverage</b>	
Your payment responsibility changes after the cost you have paid for prescription drugs and the amount of the Coverage Gap Discount reaches your True Out of Pocket cost of \$4,750.	
<ul style="list-style-type: none"> <li>• Generic Drugs</li> </ul>	5% coinsurance, with a minimum copay of \$2.65 and a maximum copay of \$10.00 (Specialty limited to a 30 day supply)
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Brand-Name Drugs</li> </ul>	5% coinsurance, with a minimum copay of \$6.60 and a maximum copay of \$25.00 (Specialty limited to a 30 day supply)
<b>Extra Covered Drug Group</b>	
These are drugs that are covered by your plan that are often excluded from Part D Prescription Drug Plans. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
<b>Benzodiazepines and Barbiturates</b>	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> <li>• Brands</li> </ul>	You pay 100% of the drug costs

- **Coverage Gap Discount Program:** If you are not receiving help to pay your share of drug cost through the Low Income Subsidy or PACE programs, you qualify for a discount on the cost you pay for most covered brand drugs through the Medicare Coverage Gap Discount Program. For prescriptions filled in 2013, once the cost paid by you and this plan reaches \$2,970 the cost share you pay will reflect the benefits provided by your plan and the Coverage Gap Discount program. The Coverage Gap Discount program applies until the cost paid by you and the Discount Program reaches \$4,750. Drug Manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. **Please note:** Your employer sponsored plan may cover some brand drugs beyond those covered by Medicare. The discount will not apply to drugs listed as “Extra Covered Drugs” in your benefits.
- *Please note that further guidance from CMS may impact the way in which these benefits are offered (for example, through a single plan or through a Part D plan with Commercial Wrap). If benefits are provided through two coordinated plans, the member will only need to use one ID card to access all benefits at the pharmacy. Additionally, if two plans are used, your 2013 benefits will include coverage for drugs that are mandated in your state, if applicable.*