

Summa Insurance Company Individual Solutions Prescription Drug Rider A

Benefits

The Summa Insurance Company Individual Solutions Prescription Drug Rider A provides outpatient prescription drug benefits at the following copayment levels for prescriptions received at a Participating Pharmacy:

- **\$15** copayment for up to a 30-day supply of a Tier 1 medication;
- **\$30** copayment for up to a 30-day supply of a Tier 2 medication;
- **\$60 copayment or 50%** of the prescription cost up to a maximum of \$200 (whichever is greater) for up to a 30-day supply of a Tier 3 medication or a drug that meets any of the following criteria:
 - is not on the first or second tier of the Summa Insurance Company formulary;
 - is filled with a brand name medication when an approved generic equivalent exists, (see Notice below);
 - requires special compounding methods;
 - is used for the treatment of impotency or to enhance sexual performance;
 - is for a retinoic acid-containing product prescribed for documented medical purposes.

If your prescription is filled at a non-participating pharmacy, you will pay the retail cost of the prescription at the time the prescription is filled. You will be responsible for the **greater** of 50% of the retail cost of the prescription *or* the in-network copayment amount after submitting a claim form to the Summa Insurance Company. Claim forms can be obtained by calling the number on the back of this rider.

NOTICE: This outpatient prescription rider is a generic-based program. A policy holder will receive a generic drug unless no generic equivalent exists or the prescribing physician indicates that there cannot be a generic substitution for a specific brand name product. The physician would have to document in the policy holder's medical record and certify that the generic alternative has been ineffective in the treatment of the policy holder's disease or condition or is reasonably expected to cause a harmful or adverse reaction to the policy holder.

Covered services include prescription drugs obtained at a Participating Pharmacy. Policy holder must present a valid identification card at the time the prescription is dispensed. All prescriptions dispensed are limited to a 30-day supply (except for mail service—refer to “Mail Service Pharmacy” for more information).

Definitions

Dispense As Written—The physician's handwritten indication on the face of a covered prescription that a generic substitution cannot be given for a specific name brand product.

Participating Pharmacy—A licensed pharmacy which has contracted to provide prescription drug services to policy holders.

Prescription Drug—Any medicinal substance that, according to the Federal Food, Drug and Cosmetics Act, must be sold in a container marked with the legend: “Caution, Federal Law Prohibits Dispensing Without Prescription”; compound prescriptions with a legend drug; insulin; insulin syringes and needles; and oral contraceptives.

Non-Participating Pharmacy—A licensed pharmacy that is not participating in the contracted pharmacy network.

Exclusions

The following are not covered by this outpatient prescription drug rider:

1. products for smoking cessation;
2. medications indicated for weight loss, anorexics, including but not limited to amphetamines and non-amphetamines containing phenteramine or diethylpropion; orlistat (Xenical), and sibutramine (Meridia);

3. any drugs used for cosmetic purposes;
4. any drugs labeled, "Caution: Limited by Federal Law to Investigational Use", which the plan administrator determines: (a) are in a testing stage or in early field trials on animals or humans; (b) do not have required final federal regulatory approval for commercial distribution for the specific indications and methods of use assessed; (c) are not generally prescribed in the course of acceptable medical practice; or (d) have not yet been shown to be consistently effective for the diagnosis or treatment of the policy holder's condition;**
5. any charge for the administration of a prescription drug;
6. any prescription drug for which another pharmacy program is primary in coverage;
7. drugs or medications which do not require a prescription (see "note" below);
8. devices and supplies (except insulin needles and syringes) of any type, including but not limited to therapeutic devices, artificial appliances, support garments, blood glucose test meters and contraceptive devices;**
9. immunization agents, biological sera, blood or blood plasma;**
10. growth hormones;
11. all infertility medications, regardless of indications for use;
12. total parenteral nutrition (TPN);**
13. injectable drugs that are not intended for self-administration**
14. any prescription dietary supplement, vitamin or preventive fluoride treatment regardless of indications for use (except vitamins prescribed during pregnancy); and
15. medications used in the treatment of ADD/ADHD for policy holders greater than 18 years of age.

This drug rider covers any drug approved by the United States Food and Drug Administration for use in the treatment of any indication provided the drug has been recognized as safe and effective for treatment of the specific type of indication in any of the following: (1) The American Medical Association drug evaluations; (2) The American Hospital Formulary Service drug information; (3) The United States Pharmacopoeia dispensing information; or (4) two articles from major peer-reviewed professional medical journals that have not had their effectiveness contradicted in another article from a major peer-reviewed professional medical journal.

**These benefits are covered under your Individual Solutions medical benefits — they are not a part of this pharmacy rider.

NOTE: Medications that do not require a prescription are excluded with the exception of over-the-counter formulations of omeprazole (Prilosec OTC) and loratadine (generic for Claritin, Claritin-D, Alavert, etc.). These products are covered when a written prescription is presented to a licensed pharmacy.

Limitations: Certain medications may be subject to prior authorization requirements, quantity limits, or step therapy protocols. Please refer to the Medication Formulary and Pharmacy Benefit Guidelines or contact Member Services at the number below for more information.

Benefit Maximum

There is no maximum associated with this rider.

Mail Service Pharmacy

You'll pay the following for a 90-day supply through mail service: \$37.50 for a Tier 1 Medication; \$75 for a Tier 2 medication; \$150 or 50% of the prescription cost up to a maximum of \$500 (whichever is greater) for a Tier 3 medication or a drug that meets any of the following criteria: is not on the first or second tier of the Summa Insurance Company formulary; is filled with brand name when a generic equivalent exists, (see Notice on the front of this rider); requires special compounding methods; or used for the treatment of impotency or to enhance sexual performance; or for a retinoic acid-containing product prescribed for documented medical purposes. Some medications may not be available through the mail service pharmacy. Please refer to your mail service pharmacy information for more information.

Member Services

(330) 996-8700 or (800) 996-8701 TTD (800) 750-0750

To obtain the most recent Drug Formulary List, call Member Services or visit our Web site at www.summacare.com

This product is underwritten by the Summa Insurance Company and administered by SummaCare.