

Prescription Drug Plan

When you enroll for medical coverage, you will automatically receive prescription drug coverage with two pharmacy options.

The Prescription Drug Plan uses a three-tier copay structure for prescriptions filled at a retail pharmacy or through the PRxN Pharmacy. Your cost for prescriptions depends on whether you purchase Generic, Preferred or Non-Preferred drugs, based on the plan administrator's formulary (a list of preferred drugs).

- **Tier 1: Generic** – These drugs are labeled with their chemical name, rather than a brand name, and are certified by the FDA to be as safe and effective as their brand name counterparts. Generics are the most affordable way to obtain quality medications.
- **Tier 2: Preferred Brand** – Brand name drugs that are listed in the Prescription Drug Plan's formulary.
- **Tier 3: Non Preferred Brand** – Brand name drugs that are not listed in the Prescription Drug Plan's formulary.

It will be mandatory for you to fill ALL prescriptions using generic drugs whenever they are available. If you require a Brand Name medication when a generic equivalent is available, you will be responsible for the full cost of the Brand Name prescription. For example, Lipitor© (a Brand Name drug) will no longer be covered but Atorvastatin (its Generic equivalent) is covered.

Fill your Prescriptions for **FREE** – Plan participants can fill generic prescriptions at the PRxN pharmacy or through the Mail Order Service at no cost.

Important Information about your Prescription Drug Coverage

When you enroll for Medical coverage, you also receive prescription drug benefits that use a three-tier classification and pricing structure. It is mandatory for you to fill all prescriptions using generic drugs whenever they are available. If not, you are responsible for the full cost of the Brand Name Prescription. Specialty drugs can only be filled through the PRxN Pharmacy.

Preferred and non-preferred brand prescriptions are subject to the deductible. (Generic prescriptions are not subject to deductible). If you haven't met your deductible, you will be responsible for the cost of your medication. Once your deductible has been met, you will be responsible for a portion of the cost of your medication, as shown in the chart below.

| Pequot Open Plan | | | |
|---------------------|---------------------|---------------------|---------------------|
| | Retail Pharmacy | PRxN Pharmacy | |
| | Up to 30 day supply | Up to 30 day supply | Up to 90 day supply |
| Generic | \$10 | FREE | FREE |
| Preferred Brand | \$30 | \$30 | \$75 |
| Non Preferred Brand | \$60 | \$60 | \$150 |

How to Fill Your Prescription

Retail Pharmacy



You can fill a prescription at a retail pharmacy for up to a 30 day supply – ideal for medications you need immediately.

PRxN Pharmacy/Mail Order Service

You can receive up to a 90 day supply of any covered medication – ideal for conditions that require ongoing medication. Team Members who regularly take a maintenance medication to treat a chronic condition can also opt to have their filled prescriptions mailed directly to their home through PRxN's Mail Order Service.

IMPORTANT NOTE:

If you are taking a long term (maintenance or “as needed”) medication, the plan will limit you to one retail 30 day supply before requiring you to use the PRxN Pharmacy. After your retail refill limit for designated medications, you will need to use the PRxN Pharmacy or Mail Order service to fill these prescriptions.

Vision Plan

The Vision Plan is included when you enroll for the Pequot Open Plan. This valuable benefit offers eye exams for everyone. And if you need eyeglasses or contact lenses, it helps you with the cost. You may visit any doctor or eye care professional.

| | Plan Benefit | How Often |
|-------------------------------|--|-------------------------|
| Eye Examination | Plan pays up to \$30 per exam | Once every 12 months |
| Eyeglass Lenses | Plan pays up to \$50 per set | One set every 12 months |
| Eyeglass Frames | Plan pays up to \$30 per set | One set every 24 months |
| Contact Lenses | Plan pays up to \$80 per set | One set every 12 months |
| Annual Maximum Benefit | \$110 per person One set of eyeglasses or contact lenses – not both | 12 month period |

