

**MEDICAL BENEFITS
OUTPATIENT PRESCRIPTION DRUG BENEFIT
MAXIMUM ALLOWABLE COST CAREMARK CARD PROGRAM (MAC A)
CORE PLAN**

Denison

Plan Benefits Effective: 10-01-2006 to PRESENT

This benefit schedule is made a part of the Plan for the purchase of outpatient prescription drugs. **All charges for outpatient prescription drugs are covered under this benefit and are not considered eligible expenses unless purchased through this program.**

Definitions

Brand Name Drugs

Drugs produced and marketed exclusively by a particular manufacturer. The drug name is usually registered as a trademark.

Preferred Brand

Drugs listed as PerformanceRx.

Generic Drugs

Drugs not protected by a trademark.

Legend Drugs

Those drugs which cannot be purchased without a prescription from a physician and bear the legend: Caution -- Federal law prohibits dispensing without a prescription.

SpecialtyRx

\$80 Copay per 30 day dispensement.

Maximum Allowable Cost

A Caremark designed program which establishes a ceiling on the amount paid for over 400 drugs with generic equivalents.

Covered Individuals may access ineligible prescriptions at the Caremark discount. This may help manage Covered Individual's out of pocket expense.

Copayments:

Copayments do not apply to any individual Deductibles or out-of-pocket amounts.

Brand Name:

Generic:

SpecialtyRx:

\$38 per prescription

\$10 per prescription

\$80 per prescription

Maximum Allowable Cost:

This benefit Plan only allows up to the generic MAC price for multi-source drugs on the Caremark MAC list. If a brand name drug is dispensed and a generic equivalent drug exists, the Covered Person pays the difference between the brand name and generic price in addition to the appropriate copayment for the brand name. The cost difference between the brand name and generic price does not apply to any individual Deductibles or out-of-pocket amounts. The MAC differential applies to all prescriptions purchased through this program when a generic equivalent is available.

Dispensing Limitations:

The amount normally prescribed by a physician, but not to exceed a 34-day supply.

Prior Authorization Requiements:

Prior authorization from Caremark will be required on the following prescriptions:

Growth Hormones

Botox

Accutane

Attention Deficit Disorder/Narcolepsy medications for individuals 17 years of age or older

For prior authorization, please have your doctor call Caremark at (888) 413-2723. Your doctor will be asked a series of questions and will then be immediately approved or denied.

Identification Cards:

Each covered employee will be issued an ID card. You must present your ID card to the pharmacist at the time of purchase.

If a covered person does not have the ID card at the time of purchase these steps must be followed:

1. Pay for the entire cost of the prescription.
2. Obtain and complete a direct prescription drug Caremark claim form. These are available from your employer or TML Intergovernmental Employee Benefits Pool.
3. Send the Caremark drug claim form with the prescription receipt directly to Caremark.

Caremark will pay the appropriate amount, less the copayment and MAC differential (if applicable), directly to the Covered Person usually within 30 days.

Drugs Covered Under This Benefit

Drugs Not Covered Under This Benefit

1. Legend Drugs;
 2. Insulin;
 3. Disposable insulin needles/syringes and physician prescribed needles/syringes;
 4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer, Lancets, Diastix Strips, Tes-Tape and chemstrips;
 5. Diabetic supplies will be purchased with order for oral diabetic prescription. The plan will allow needles, syringes, lancets and testing strips at no charge if ordered within 30 days of a prescription at the same pharmacy;
 6. Tretinoin all dosage forms (e.g. Retin-A) for Individuals through the age of 25 years;
 7. Compound medication of which at least one Ingredient is a legend drug;
 8. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;
 9. Oral legend contraceptives;
 10. Depo Provera;
 11. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered through age 16;
 12. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc) will be covered for covered individuals age 17 and older with approved prior authorization through Caremark;
 13. Growth hormones through age 15.
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1. Contraceptive Devices;
 2. Dietary Supplements, vitamins or formulas;
 3. Growth hormones after age 15;
 4. Immunization agents, biological sera blood or blood plasma;
 5. Levonorgestrel (Norplant);
 6. Male pattern baldness medications; hair growth stimulants;
 7. Smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms (e.g. Nicorette, Nicoderm, etc.);
 8. Tretinoin, all dosage forms (e.g. Retin-A) for individuals 26 years of age or older; Cosmetic agents including anti-wrinkle and skin depigmenting agents;
 9. Vitamins individually or in combination;
 10. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;
 11. Charges for the administration or injection of any drug;
 12. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs even though a charge is made to the individual;
 13. Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent

- hospital, nursing home or similar facility which operates on its premises or allows to be operated on its premises, or a facility for dispensing pharmaceuticals;
14. Emergency Contraceptives;
 15. Fertility medications;
 16. Erectile dysfunction prescriptions; Sexual Stimulants;
 17. Any prescription refilled in excess of the number specified by the physician or any refill dispensed after one year from the physician's original order;
 18. Prescription which an eligible person is entitled to receive without charges from any Worker's Compensation Laws;
 19. Anti-obesity medications;
 20. Prescribed Prenatal vitamins are not covered under the Caremark card. Claims for prescribed prenatal vitamins with a pregnancy diagnosis may be submitted to TML IEBP for payment consideration;
 21. Non-legend drugs other than those listed above.

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