

SCHEDULE OF PRESCRIPTION DRUG BENEFITS

EFFECTIVE AS OF JANUARY 1, 2006

This schedule applies to all 2006 self-funded Episcopal Church Medical Trust plans for active employees except the UnitedHealthcare HDHP/HSA and Empire BlueCross/BlueShield HDHP/HSA.

	RETAIL PRESCRIPTION DRUGS	MAIL-ORDER PRESCRIPTION DRUGS
Annual Prescription Deductible	\$50 per individual.	N/A
Tier 1: Generic	You pay up to \$10.	You pay up to \$25.
Tier 2: Formulary Brand-Name	You pay up to \$30.	You pay up to \$70.
Tier 3: Non-Formulary Brand-Name and All Non-Sedating Antihistamines	You pay up to \$50.	You pay up to \$120
Paper Claims Reimbursement	You must pay the full price at the pharmacy and file a claim for reimbursement, as outlined in the "Pharmacy Benefits" section of this Handbook. You will be reimbursed according to what the plan would have paid, less your applicable copayment.	N/A
Dispensing Limits Per Copayment	Up to a 30-day supply.	Up to a 90-day supply.
Prescription Smoking Cessation Drugs Annual Maximum	1 cycle of therapy per individual.	

Coverage of Non-Sedating Antihistamines

Non-sedating antihistamine drugs will be paid as Tier 3, regardless of the drug's formulary status. This is a result of the drug Claritin's over the counter availability. For example, if you prefer to take the medication Clarinex rather than buying Claritin over the counter, you will pay the Tier 3 copayment.

Mandatory Mail-Order

The Prescription Drug Program will maintain a mandatory mail-order policy. Mandatory mail-order requires that you use the mail-order pharmacy if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy. If you or a covered dependent receives a prescription for a maintenance medication and you do not use the mail-order pharmacy, your prescriptions may not be covered.

In some circumstances, you may not be required to use the mail-order pharmacy. For example, there are several categories of medications that are uniquely appropriate for multiple refills at your local pharmacy (and are therefore exempt from the mandatory mail-order provision, as outlined above). If you have a prescription for any of the following medications, the Medco Health Prescription Drug Program allows you to receive multiple refills at your local retail pharmacy:

- Anti-infectives, including antibiotics (Amoxicillin, Biaxin), antivirals (Zovirax, Famvir), antifungals (Diflucan), and drops used in the eyes and ears (Polsporin Ophth, Cipro Otic). Please note that drops must be prescribed specifically to treat infection. For example, glaucoma drops are not covered.
- Prescription cough medications, including Phenergan with Codeine, Tessalon, and Tussionex.
- Medications to treat acute pain, both narcotic (Vicodin, Percodan, etc.) and non-narcotic (Darvocet). Please note that long-term pain medications, such as NSAIDs, do not meet the necessary retail requirements.
- Medications that require a new written prescription each time you need them, as refills are prohibited by federal law (e.g., Percodan, Ritalin, and Nembutal).
- Medications used to treat both attention deficit disorder (Ritalin, Cylert) and narcolepsy (Dexedrine).
- Medications whose sole use is to treat cancer.

Keep in mind, the retail pharmacy program allows for a total of three fills of a maintenance medication at a retail pharmacy (one original fill and two refills). Additional fills will not be covered by the plan. Each fill can be for no more than a 30-day supply. Note that you are allowed a total of three fills, even if each is for less than 30 days.

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Generic Substitution Requirement

Generic medications may have unfamiliar names, but they are safe and effective. Generic medications and their brand-name counterparts have the same active ingredients and are manufactured according to the same strict federal regulations. Generic drugs may differ in color, size, or shape, but the U.S. Food and Drug Administration (FDA) requires that the active ingredients have the same strength, purity, and quality as their brand-name counterparts.

For this reason, the plan will cover the cost of the generic equivalent if you purchase a brand-name medication when there is a generic available. You will be charged the generic copayment and the cost difference between the brand-name and the generic medication.

If you have questions or concerns about generic medication, speak to your physician or your pharmacist, and he or she will be able to help you.

Medco Health toll-free number: (800) 841-3361

NOTES: Some prescriptions may require prior authorization. Please refer to the "Pharmacy Benefits" section of this Handbook for further information.

Prescription deductibles and copayments do not apply to the medical plan deductibles or out-of-pocket maximums.

This benefit summary is provided for informational purposes, is not all-inclusive, and does not constitute an agreement. Additional limitations and explanations, including specific benefit maximums will be provided to eligible, enrolled members in the Plan Document Handbook. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Episcopal Church Medical Trust retains the right to amend, terminate or modify the terms of the plan at any time, without notice and for any reason.