

Combined Pharmacy and Medical Calendar Year Out-of-Pocket Max \$3,500 Per Individual \$7,000 Per Family Per Calendar Year

Retail Pharmacy

Up to a 30-day supply for each prescription.
 Refer to your prescription drug formulary guide.
 A 90 day supply is available for maintenance drugs.
 A select list of prescription drugs may be eligible for the tablet-splitting program.

	Preferred	Non-Preferred
Tier 1 - Preferred Generic Drugs	\$15	\$20
Tier 2 - Preferred Brand Drugs	\$40	\$50
Tier 3 - Non-Preferred Brand or Generic Drugs	\$70	\$90
Diabetic, Ostomy, and Urologic Supplies	20%	20%

Mail Order Pharmacy

Up to a 90-day supply for each prescription.
 Certain prescriptions, including specialty pharmacy drugs, are not eligible for mail order Co-payments.
 Refer to your prescription drug formulary guide for additional information.

Tier 1 - Preferred Generic Drugs	\$30
Tier 2 - Preferred Brand Drugs	\$80
Tier 3 - Non-Preferred Brand or Generic Drugs	\$140
Diabetic, Ostomy, and Urologic Supplies	20%

Specialty Pharmacy

Up to a 30-day supply for each prescription.
 Refer to your formulary guide for a list of medications covered under the Specialty Pharmacy Program.
 Specialty Pharmacy Drugs can be obtained from a contracted Specialty Pharmacy Provider.

Tier 4 - Specialty Pharmacy Drugs	\$160	\$200
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Member Responsibility

Please note that Quantity Limits or Prior Authorization may apply.
 Refer to your prescription drug formulary guide for additional information.
 Brand/Generic Difference Program: If you receive a brand name drug when an equivalent generic drug is available, you will be responsible for the difference between the cost of the brand name drug and the allowed amount of the generic drug equivalent. This amount is in addition to any Deductible, Copayment and/or Coinsurance amount set forth in this Schedule of Benefits. Only the Deductible, Copayment and/or Coinsurance will apply to the Out-of-Pocket Limit.
 If the cost of the prescription is less than the applicable Copayment, you will only be charged the cost of the prescription.
 Some select generic drugs are eligible for either a \$0 or \$5 copayment based on pharmacy.

Covered Drugs and Devices

- Compound Drugs - at least one ingredient must be a legend drug
- Contraceptive implants, IUDs, diaphragms, contraceptive devices, contraceptive kits, emergency contraception, oral/injectable/patch contraceptives
- Drugs used for chemical dependency/alcohol treatment
- Immunizations (no Copayment, Deductible or Coinsurance applies to childhood immunizations from birth-age 21)
- Immunosuppressive Drugs
- Injectable/Infused Drugs, including insulin, epinephrine and glucagons
- Legend Drugs - drugs that require a prescription under federal/state law
- Smoking Cessation Drugs

Excluded Drugs and Devices+

- Anti-fungal Drugs used for nail fungus
- Convenience or unit dose packaging
- Diabetic supplies other than Bayer or Roche products
- Drugs obtained at a non-contracted pharmacy
- Drugs and their equivalents that may be purchased without a prescription
- Drugs that are not listed on CommunityCare's prescription drug formulary; non-formulary drugs
- Drugs used for weight management, including anorexiant and body building drugs
- Feiba
- Fertility Drugs
- Drugs used for cosmetic purposes or hair growth
- Human Growth Hormones and other drugs used to stimulate growth
- Investigational/Experimental Drugs or used for non-FDA approved indications, including new drug therapies that have not been added to CommunityCare's prescription drug formulary
- Lost, damaged or stolen prescriptions
- NovoSeven
- Oral Antihistamines and Antihistamine/Decongestant Combinations
- Prescriptions reimbursable under Workers' Compensation or any other government program, or with respect to which the member has no obligation to pay in the absence of insurance
- Take home drugs provided by a hospital

Please consult your pharmacy directory for a list of participating pharmacies in Oklahoma. To find a participating pharmacy outside the state of Oklahoma, please call (800) 774-2677 or visit www.ccom.com. For all other questions, please call CommunityCare at (877) 293-8628.

+Products are excluded except as required by law. See the Member Handbook for additional information.



CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CommunityCare's Senior Manager of Quality Improvement/Compliance. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare
Attn: Senior Manager of Quality Improvement/Compliance
P.O. Box 3249 Tulsa, Oklahoma 74101
(918) 594-5303 (phone)
(918) 879-4048 (fax)
G&A@ccok.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare's Senior Manager of Quality Improvement/Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.