

With Blue Rx Preferred, you get convenient access to a large pharmacy network that includes both national retail chains and independent pharmacies.

You are enrolled in a prescription drug plan that uses tiers. How much you pay for a prescription depends on a drug's tier, whether the drug is generic or brand, and the type of brand-name drug. The higher the tier number, the higher the copayment.

Annual Deductible*	Tier 1 Generic Drugs	Tier 2 Specially Selected Brand- Name Drugs	Tier 3 All Other Brand-Name Drugs	Out-of-Pocket Maximum
\$50 single \$100 family	\$10	\$20	\$45	\$1,000 single \$2,000 family

* Deductible and copay waived on adult and well child immunizations

Visit www.wellmark.com for additional prescription drug information.

Tier Definitions

- **Tier 1:** Consists of most generic drugs. Tier 1 drugs have the lowest copayments.
- **Tier 2:** Consists of preferred brand-name drugs and branded generic drugs. Many drugs appear on this tier because they have no generic equivalent. You will pay more for Tier 2 drugs than for Tier 1 drugs.
- **Tier 3:** Consists of all other brand-name drugs. Many drugs appear on this tier because they have reasonable alternatives on Tier 1 and Tier 2. You will pay more out of your pocket for Tier 3 drugs than Tier 2 drugs.

If you purchase a Tier 2 or Tier 3 drug when an A-rated generic drug is available, you are responsible for your deductible and/or copayment amount plus any difference in price between the billed charge for the generic drug and the billed charge for the brand-name drug. You are responsible for this difference unless your provider has specified that you must take the brand-name drug.

If the pharmacy's charge is less than the copayment amount, you pay only the pharmacy charge.

All drugs must be self-administered according to the instructions given by the practitioner and the pharmacist.

Drug Quantities

- Mail order maintenance prescriptions: 90-day supply for one copayment
- Maintenance prescriptions purchased at a participating retail pharmacy: 90-day supply for one copayment
- Non maintenance prescriptions purchased at a participating retail pharmacy: 30 days or 100 units, whichever is less for one copayment.

Covered Services

- Most prescription drugs that bear the legend, "Caution, Federal Law prohibits dispensing without a prescription"
- Drugs dispensed by a pharmacist from a licensed retail pharmacy
- Prescription drugs that are prescribed by a practitioner legally authorized to prescribe
- Insulin and these insulin supplies: needles, syringes, test strips, and lancets
- Contraceptives
- Specialty drugs, typically administered by the member; limited to a 30-day supply per copayment; see Specialty Drug List on www.wellmark.com
- Tobacco cessation drugs
- Immunizations and vaccines that are covered under health are also covered when administered at a pharmacy.
- Certain preventive drugs, immunizations and vaccines, as recommended by the US Preventive Services Task Force, will be covered at no member cost share.
- Prenatal vitamins

Non-Covered Drugs and Services

- Contraceptive implants, injections, devices and related services (These services may be covered under the health program.)
- Cosmetic drugs
- Drugs determined to be abused or otherwise misused by you
- Drugs that require a prescription by state law but not federal law
- Immunizations not covered under health
- Infertility drugs
- Investigational drugs
- Irrigation solutions and supplies
- Nutritional supplements
- Over-the-counter products including nutritional dietary supplements
- Self-help or self-cure programs
- Therapeutic devices or medical appliances
- Weight-reduction drugs

Important Notes and Disclosures

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the coverage manual you will receive after you enroll and the enrollment regulations in force when the manual becomes effective. Certain exclusions and limitations apply.

*Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act ("ACA") and Mental Health Parity and Addiction Equity Act ("MHPAEA"). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services ("HHS") and/or other agencies. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of ACA or MHPAEA. Any questions about Wellmark's approach to the ACA or MHPAEA may be referred to your Wellmark account representative. **Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h).***