


Health Solutions
Pharmacy Benefit Summary
For REC Silicon

Benefit Effective Date			
January 1, 2013			
Benefit Type			
HDHP Plan Single/Family			
Days Supply Dispensed			
Participating Retail Pharmacy		Up to 30 Days	
Costco Mail Order & Costco Retail 90 Day Supply		Up to 90 Days	
Benefit Structure			
Tier Level	Retail Pharmacy	Costco Mail Order/ 90 Day Supply	Applies to Out-of-Pocket Maximum
Preventive Medications Women's contraceptives, low dose aspirin (with prescription), fluoride, folic acid, iron supplements	Deductible & Coinsurance waived	Deductible & Coinsurance waived	
Other Preventive Medications*	20% coinsurance deductible waived	20% coinsurance deductible waived	
Tier 1 – Formulary Generics	20% coinsurance after deductible	20% coinsurance after deductible	YES

Tier 2 – Formulary Brand Products	20% coinsurance after deductible	20% coinsurance after deductible	YES
Deductible Amount (Retail & Mail) Individual \$2,000 Family \$4,000			
Annual Out-of-Pocket Maximum (Retail & Mail) Individual \$5,000 Family \$10,000			
<p>Additional Coverage Information</p> <p>Compound medications are covered with the applicable 20% coinsurance amount after deductible has been met. Compound medications exceeding \$200 in cost require a prior authorization approval for coverage to apply.</p> <p>REC Silicon encourages employees to use generic medications when a generic is available. If your physician does not prescribe “Dispense as Written”, and there is a generic alternative for the prescription drug, and you choose a brand instead, you will pay the difference in cost between the generic and brand name medication plus the applicable deductible or coinsurance amount.</p> <p>If your physician prescribes a brand name drug and communicates on the prescription “Dispense as Written” (DAW), you will pay the brand name deductible or coinsurance amount only.</p>			

Pharmacy Network

You are required to pay your deductible plus any amount over the network allowance for the cost of prescriptions filled at pharmacies not participating in the Costco Pharmacy Network. After your deductible has been met, you will be required to pay 40% of the total medication cost for any prescription filled at a pharmacy that is not participating in the Costco Pharmacy Network.

Mail Order Service

The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Costco Specialty Services helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **voluntary**.

Exclusions

- Non-Federal Legend Drugs
- Investigational Drugs
- OTC Vitamins and Nutritional Supplements
- Dental Fluoride Products
- Cosmetic Hair Growth Agents
- Anti-Wrinkle Agents
- Infertility Medications
- OTC Smoking Cessation Products
- Sexual Dysfunction Agents
- Weight Loss Medications