

**PCI Insurance, Inc.**  
**Prescription Drug Card Benefit Summary**  
**Incentive Option**

<b>BENEFITS</b>	<b>Incentive Option</b>	
	<b>Retail Pharmacy</b>	<b>Mail Service Pharmacy</b>
<b>Benefit Period</b>	Contract Year	
<b>Deductible</b>	None	None
<b>Prescription Drug - Prescription Drug Card</b> <i>Retail 31 day supply; Mail Order 90 day supply</i>	\$20 Generic Copayment	\$40 Generic Copayment
	\$40 Brand Copayment	\$80 Brand Copayment
	\$55 Brand Non-Formulary Copayment	\$95 Brand Non-Formulary Copayment
<b>Days Supply</b>	Up to 31 days	Up to 90 days
<b>Formulary</b>	Incentive	
<b>Generic Substitution</b>	Soft -When you purchase a brand drug that has a generic equivalent you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs, unless your physician requests that the brand name drug be dispensed	
<b>Out-of-Pocket Maximum</b>	Not Applicable	
<b>Claim Submission</b>	Pharmacy Files at Point-of-Sale	
<b>Non-Network Pharmacy</b>	Not Covered	
<b>Contraceptives</b> <i>(oral and injectable)</i>	Covered	
<b>Fertility Agents</b>	Covered	
<b>Fluoride Products</b>	Covered	
<b>Insulin and Diabetic Supplies</b>	Covered	
<b>Smoking Deterrents</b> <i>(prescription)</i>	Covered	
<b>Vitamins</b> <i>(prescription)</i>	Covered	
<b>Weight Loss Drugs</b>	Covered	
<b>Allergy Serum</b>	Not Covered	
<b>Durable Medical Equipment</b>	Not Covered	
<b>Prescription Hair Growth Products</b>	Not Covered	
<b>Quantity Level Limits</b> <i>on select prescription drugs</i>	Applies – the quantity dispensed under your plan per new or refill prescription may be limited per recommended guidelines.	
<b>Managed Rx Coverage</b> <i>on certain drug therapies</i>	Applies – certain drug therapies may be monitored for appropriate usage and subject to case evaluation if recommended guidelines are exceeded.	
<b>Managed Prior Authorizations</b>	Applies on select high cost drugs	

Specialty drugs available through Retail Pharmacy only.