GENERAL BOARD OF PENSION AND HEALTH BENEFITS
OF THE UNITED METHODIST CHURCH

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2011 Medco Pharmacy Fixed Co-Payment Plan 2 — FX 2

Administered by Medco: 1-800-841-2806

Plan Feature	Retail Pharmacy Benefit	Medco by Mail (Mail-Order) Benefit
Annual Deductible[1] • **Individual** • **Family**	• $50 per participant • $100 per family	• Does not apply
Annual Out-of-Pocket (OOP) Maximum[2, 3]	• $2,000 per participant • $4,000 per family	• $2,000 per participant • $4,000 per family
Generic Drugs (Tier 1)[4]	• $10 co-payment after the deductible has been satisfied	• $20 co-payment
Preferred Brand-Name Drugs (Tier 2)[4]	• $20 co-payment after the deductible has been satisfied	• $50 co-payment
Non-Preferred Brand-Name Drugs (Tier 3)[4]	• $35 co-payment after the deductible has been satisfied	• $88 co-payment
Prescription Non-Sedating Antihistamine Drugs (e.g., Zyrtec, Allegra and Clarinex)	• $35 co-payment after the deductible has been satisfied	• $88 co-payment
Retail Refill Allowance (RRA)	Participants will be allowed to obtain three fills of maintenance medication at the retail pharmacy. For all subsequent fills at the retail pharmacy, participants will be responsible for paying 100% of the discounted cost. To maximize Plan benefits, refills for most maintenance medications will require fulfillment through the Medco by Mail Pharmacy Program.	

1 The Annual Deductible for prescription drugs is separate from the medical plan deductible.

2 Excludes charges applied toward any co-payments for non-preferred brand-name drugs and additional costs incurred when a brand-name drug is chosen but a generic version is available.

3 There is one Annual Out-of-Pocket (OOP) Maximum that includes charges incurred through the retail pharmacy and Medco by Mail (mail order). The prescription drug OOP Maximum is separate from the medical OOP Maximum.

4 Due to federal health care reform legislation enacted in 2010, certain preventive drugs may have a different co-payment. If you wish to know which drugs are impacted, contact Medco at **1-800-841-2806**. In addition, certain prescribed over-the-counter (OTC) medications may also be covered.

(over)

Additional Information

- Patient is required to pay the generic co-payment plus the difference in cost between the generic and brand-name drug when the brand-name is chosen and a generic is available. The additional cost does not apply to the Annual Out-of-Pocket Maximum.
- Some medications may be covered by your benefit plan only for certain uses or in certain quantities. For example, a medication may not be covered when it is used for cosmetic purposes, or a quantity may be limited to certain amounts over certain time periods. You may contact Medco at **1-800-841-2806** if you have any questions.
- If you purchase a prescription without using your card, you will need to complete a *Prescription Drug Reimbursement Claim Form*. You can obtain the form by visiting **www.medco.com** or by calling **1-800-841-2806** to speak to a customer service representative. Prescriptions purchased at a non-participating pharmacy are processed as out of network and may be subject to a higher co-payment. Any difference between the amount submitted (retail cost) and the amount approved is **not** reimbursable. The reimbursement rate is also determined after the deductible and co-payments are subtracted.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the Plan Document, the Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by the General Board of Pension and Health Benefits. If there are any conflicts between this summary and the terms of the Documents, the terms of the Documents shall control.