

## SUMMARY OF MATERIAL MODIFICATIONS No. 7

This modification is made as of the 1<sup>st</sup> day of **July, 2008**, by **Drake University** to the **Drake University Point of Service Health Plan**.

The **Drake University Point of Service Health Plan** is hereby modified and the attached text may be printed on a revision page for insertion into the **Drake University Point of Service Health Plan**.

Please check the following that apply:

- \_\_\_\_\_ **Drake University** will print the attached amendment for distribution.
- \_\_\_\_\_ First Administrators, Inc. will print \_\_\_\_\_ copies of the attached amendment for distribution.
- \_\_\_\_\_ Drake University will notify Participants of the changes in some other manner.
- \_\_\_\_\_ Other: \_\_\_\_\_

This modification is made as of the 1<sup>st</sup> day of **July, 2008**,  
by **Drake University** to **Drake University Point of Service Health Plan**.  
*All other terms and provisions of the Plan remain unaltered and in effect.*

The following text **replaces** the "**Prescription Drug Card Program Benefits**" found in the Benefit Summary of the Plan Book.

### PRESCRIPTION DRUG CARD PROGRAM BENEFITS

PRESCRIPTION DRUG BENEFITS	PATIENT'S LIABILITY	GENERAL PLAN LIMITS	PAGE
Stand-alone Drug Program		<b>NOTE:</b> Includes smoking cessation products (including over-the-counter), up to a lifetime maximum of \$750. Over-the-counter will require a prescription and the generic co-pay will apply. Maintenance drugs can be purchased in a 60-day or 90-day supply at retail pharmacies. Maintenance drugs can be purchased in a 90-day supply through the mail order pharmacy program.	
Prescription Drug Card - Generic - 30-day supply - 60-day supply - 90-day supply  - Brand Name - 30-day supply - 60-day supply - 90-day supply	 \$10 Co-Pay \$20 Co-Pay \$30 Co-Pay  the lesser of 30% or \$50 the lesser of 30% or \$100 the lesser of 30% or \$150		

### PRESCRIPTION PLAN INCLUSIONS and EXCLUSIONS

**Inclusions:** State legend prescription drugs · compounded medication of which at least one ingredient is a prescription legend drug · insulin and insulin syringes on prescription · diabetic supplies · glucose test strips (blood and urine) · lancets · oral contraceptives · non-oral systemic contraceptives such as Nuvaring®, Ortho Evra®, Depo-Provera®, Lunelle® · diaphragms · self-administration syringes · asthma and respiratory supplies including spacers (peak flow meters limited to one per calendar year; nebulizers limited to two per calendar year) · multi-vitamins, vitamin and mineral-containing products, multi-vitamins with iron, multi-vitamins with fluoride, hematinic vitamins, prenatal vitamins · Imitrex® · Epipen® · Glucagon® · Retin-A® products (up to age 35) · medications used for erectile dysfunction · immunosuppressant medications.

**Exclusions:** Non-legend drugs (except insulin) · blood glucose monitors · lancet devices · allergy syringes · bandages and wraps · catheters and catheter supplies · durable home medical equipment and supplies · compression stockings and

other support garments · monitoring devices · chemotherapy supplies · dialysis supplies and equipment · surgical supplies · enteral and parenteral feeding supplies and equipment · dialysis supplies · devices or supplies of any type including but not limited to therapeutic devices and artificial appliances · immunization agents · vaccines, serum, toxoids and allergens · anesthetic agents · diagnostic agents · anorexic agents or medications for weight loss/reduction · diet supplements · medications for the cosmetic alteration of the skin · topical minoxidil and other treatments for baldness or thinning of the hair or hair loss · post-coital medications such as Preven®, Plan B®, Mifeprex® · condoms, spermicides · fertility agents · charges for injection or administration of a drug · drugs which are entirely consumed at the time and place of prescribing · prescriptions which are covered under workers' compensation law or which are covered without charge under any government program · experimental drugs or drugs labeled "Caution - limited by federal law to investigational use" · medication which is to be taken by or administered to a beneficiary while a patient is in a licensed hospital, nursing home, or similar institution, which operates or allows to be operated on its premises a facility for dispensing pharmaceuticals · refills in excess of the number specified or authorized by the prescriber or any refill dispensed after one year from the prescriber's original order · mailing and delivery charges (standard delivery services are included) · drugs which were distributed by the manufacturer as samples · unapproved uses of drugs, i.e. uses that are not approved by the United States Food and Drug Administration or peer-reviewed medical journals · prescription medications determined to be "less than effective" by the Drug Efficacy Study Implementation Program (DESI).

#### **DRUGS REQUIRING PRIOR AUTHORIZATION TO BE INCLUDED:**

Self-injectible medications · monoclonal antibodies, blood or blood plasma products and their derivatives · anti-narcolepsy/ADHD agents · Retin-A® products (age 35 and older) · growth hormones · anabolic steroids · Accutane®.

#### **GENERIC DRUGS**

Your drug benefit program is designed to help restore your health by helping you receive the most effective, affordable medications to treat your medical condition or disease state. This plan encourages you to obtain high-quality generic drugs. Generic drugs provide the same effectiveness and safety as their brand name counterparts, but save a substantial amount of money. If you request a brand name medication when there is a generic available, you will be required to pay the difference in cost between the generic and the brand name medication in addition to the co-pay.

#### **COORDINATION OF BENEFITS**

Coordination of Benefits is a common provision in most benefit plans. It applies when a member has more than one health coverage plan in effect at the time services are rendered. Specific, industry-wide rules exist for determining which plan pays first (PRIMARY) on these expenses and which plan pays next (SECONDARY). In cases where NPS is the PRIMARY prescription benefits plan, claims should be electronically submitted for payment by your pharmacy provider to NPS and no further paperwork is needed. In cases where NPS is the SECONDARY prescription benefits plan, an original receipt used for tax or insurance purposes (not a cash register receipt) must be submitted to NPS using a paper claim form obtained from NPS or the Drake University Human Resources Department.