OptiMed™

Cameo Parking Systems

OptiMed
Group Hospital Confinement Indemnity

- Guaranteed Issue
- No Pre-existing Condition Clause
- Participation requirements apply
- 20 hours per week minimum

OptiMed Proposal for:

Cameo Parking Systems

Presented by:

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Proposal valid for 31 days
Date of Issuance: 3/1/2013
Effective Date: 3/15/2013
Location: TX
Eligibles: 27

Please obtain an official proposal from your OptiMed Group Sales Representative. OptiMed is not bound to accept proposals that were not issued by OptiMed.

GAPv9.29

OptiMed™

OPTIMED GAP PLANS

THE GAP PLANS

With the slowing economy and employers finding it increasingly difficult to afford traditional health insurance premiums, OptiMed GAP fills a rapidly growing niche in the group health insurance marketplace by assisting employers to provide affordable health coverage to their employees.

OptiMed Gap is specifically designed to help save direct health insurance premium costs by allowing employers and employees greater freedom in selecting lower cost high deductible health plans. Simply put, by plugging in OptiMed Gap, employers may be able to raise deductibles and coinsurance to obtain lower cost coverage. OptiMed GAP helps to fill the gap in coverage for higher deductible health plans in relation to eligible expenses for deductibles, coinsurance and copays if hospital confined.

OptiMed GAP is a guaranteed issue insurance product with multiple plan options available, allowing employers to pick and choose the best fit.

OptiMed Gap is only available on an employer group basis to employees who have an underlying employer sponsored comprehensive major medical plan. Employees who are not covered under the employer's major medical plan may not enroll in OptiMed Gap.

OPTIMED GAP FEATURES

- Expenses must be covered by the insured person's major medical or comprehensive medical plan to be covered under this policy.
- Covers certain portions of the insured person's cost sharing under their major medical or comprehensive medical plan (co-insurance, co-pays and deductibles) up to the maximum benefit selected if hospital confined.
- Each plan of insurance includes benefits for In-Hospital expenses. Optional Outpatient, Physician Office Visit Benefits may be added, if elected by the employer.
- OptiMed GAP will not pay benefits toward office visit copays unless quoted by OptiMed and elected by the employer.
- Uses the primary medical plan's EOB (explanation of benefits) as a basis for determining what is covered.
- Up to two OptiMed GAP plans may be sold per comprehensive major medical plan maintained by the employer (one employer-paid plan and one voluntary buy-up plan). Employers who purchase an employer-paid plan for which the maximum inpatient benefit amount is less than the total major medical plan out-of-pocket expense may also include a buy-up option for the employees.

  The employer must pay the entire premium for a minimum $500 inpatient benefit for all employees covered by the employer's group medical plan. The employer may select additional Inpatient Hospital benefit amounts to make available for employees to purchase. This amount, when combined with the employer-paid plan's maximum benefit amount, may not exceed the insured person's total out-of-pocket exposure under the major medical plan.

  The buy-up amount selected by the employer applies to each employee; it cannot vary by individual within the group.
- Please note that OptiMed GAP plans with in-patient benefit amounts of $6,000 or more will require mandatory employer contribution.

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OPTIMED GAP BENEFIT SUMMARY

HOW DOES IT WORK?

The insured submits a claim form with an EOB. As long as the claim is an eligible expense under the underlying major medical plan OptiMed pays the insured the appropriate amount, subject to the exclusions, limitations and other provisions of the policy.

INPATIENT BENEFIT

If, as a result of a covered injury or sickness an insured person is hospital confined, under the regular care and attendance of a physician and the expenses are covered by the insured person's major medical/comprehensive policy, OptiMed will pay up to the maximum indemnity benefit per calendar year. Hospital confinement must begin after the effective date of coverage.

Benefits are limited to:

- The deductible the insured person is required to pay under the major medical/ comprehensive Policy.
- Copays and the coinsurance amount the insured person is required to pay under the major medical/comprehensive Policy.

Benefits also will be payable for a covered Hospital emergency room treatment as follows:

- Injury – up to the Maximum Benefit, subject to Exclusions & Limitations.
- Sickness – up to the Maximum Benefit subject to Exclusions and Limitations, if the sickness results in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

OPTIONAL OUTPATIENT BENEFIT

Outpatient benefits include treatment under the regular care and attendance of a physician at a hospital, physician's office, outpatient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment.

The benefits are limited to the difference between the benefit paid by the underlying major medical/ comprehensive policy and the actual outpatient expenses incurred, which includes any out-of-pocket expenses such as deductible, co-pays and coinsurance.

Benefits are payable per person for outpatient treatment for a covered Injury or Sickness up to the maximum Outpatient benefit with a family maximum of 2 times the per person Outpatient benefit. Example: $250 Outpatient benefit for any coverage level above employee only = $500 calendar year maximum.

Expenses incurred means the charges for a service or supply that is covered by this Rider and given to an insured person due to an injury or sickness. The expense incurred must be medically necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

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Physician Benefit Rider (Optional)

Pays benefits for Physicians' services for treatment of Injury or Sickness if services are rendered in a physician's office, hospital, emergency or outpatient facility. The employer may elect a benefit that pays up to either $15 or $20 per visit. Depending on the per visit benefit maximum selected, benefits will not exceed either: (a) $15 per visit up to the lesser cost of $120 or 8 visits per family, per calendar year; or (b) $20 per visit up to the lesser cost of $240 or 12 visits per family, per calendar year. The Rider pays in addition to the base policy.

NOTES:

Benefits for outpatient treatment performed in a physician's office may be payable under both the Outpatient Benefit Rider and Physician Benefit Rider. The intent of the Outpatient Benefit Rider is to cover treatment, supplies and other non-physician related outpatient charges, while the Physician Benefit Rider covers the physician's services (office visit).

Physician office co-pays are only considered eligible if the Physician office rider is elected by the employer and then only up to the amount elected.

Outpatient Prescription Drug Benefit (Optional)

Pays for benefits for generic formulary drugs on an outpatient basis. Coverage is guaranteed issue and provides for a 30 day retail supply or 90 days by mail-order.

NOTES:

The Employer Group will not be eligible if their underlying major medical or comprehensive medical plan contains separate and/or higher deductibles, coinsurance and/or co-pays for maternity.

Groups with less than twenty-five (25) eligible employees must submit a copy of their most recent State Quarterly Wage or Unemployment Withholding Report with their group application to verify each employee's current status (full-time, part-time, terminated, etc.).

The benefits available under all of the optional riders are limited to the difference between the benefit paid by the Insured Person's Major Medical/Comprehensive policy and the actual expenses incurred, including out-of-pocket expenses such as deductibles and coinsurance.

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OptiMed™

OptiMed Patient Advocacy Program & Customer Service

Customer Service

- Provided in English or Spanish for the insured's convenience.
- Single, toll-free call-center number for all customer issues and benefits.
- Assisting insureds in locating and contacting new providers.
- Explanation of benefits, coverage, claims payment and claim history.
- Verification of coverage to providers.
- Addressing the provider's expectations.

Customer Service

OptiMed customer service is standing by to assist insureds with an explanation of benefits and coverage. The insured is walked through their benefit program, how it works and how to best maximize their benefit dollars. In addition, OptiMed customer service is also available to explain claim payment and claim history.

OptiMed Feels Communication is Key

Effective communication is key in the successful rollout and implementation of any supplemental benefit plan. The purpose of offering a benefit program is to provide your employees a valuable benefit which will in return help boost retention rates. OptiMed feels we can bring our unique energy, superior service, attention to detail and experience at performing large scale enrollments to the table to best suit your needs.

(Note: The OptiMed Patient Advocacy Program is not an insurance benefit)

OptiMed™

OptiMed Client Enrollment & Plan Administration

OPTIMED OFFERS A FULL SUITE OF OPTIONS FOR CLIENTS TO CONSIDER

ENROLLMENT SUPPORT

- Customizable bilingual communication template pieces: letters, payroll stuffers, posters, enrollment kits.
- Telephonic both inbound and outbound options by trained enrollment specialists.
- Full online functionality in both HR and insured online tools:

  HR Tools: full suite of online HR tools permitting terms and adds, report generation, eligibility and bill review.

  Insured Tools: Insured online suite permits enrollment, plan design review, ID card request and printing of temporary ID cards, EOB and claims history review.
- Train-the-Trainers Support: Includes outbound telephonic management training sessions.

TELEPHONIC COMMUNICATION SUPPORT

- Toll-free number, bilingual benefits call center, customer services staffed by trained claim examiners.
- Benefit explanations available before and after enrollment.
- Benefit verification In-Bound and out-bound provider relations including: Access & benefit verification.
- Patient advocacy.

SIMPLE AND EASY PLAN ADMINISTRATION

OptiMed's integrated seamless and simple approach to the administration process frees employers from major headaches associated with health plan administration.

- One dedicated account executive available by phone and email.
- One dedicated billing contact available by phone and email.
- "Train-the-Trainer" support for the employer's managers & HR.
- Single source administration allows rapid support and issue resolution.
- Online HR administration tools and options allow immediate administration including adds/terms, report generation and a host of additional tools.
- Online insured tools allow plan design information review, provider searches, EOB & claim history review, ability to print temporary ID cards, online enrollment options and email support.
- Dedicated website for each client, upon request.
- Automated data/file exchange options.
- Point-to-Point online billing and email billing options.
- Simple list billing or direct insured billing options
- High level direct access to Claims Manager, Manager of Administration and Chief Financial Officer via telephone and email should the client have the need.
- COBRA administration Included.

(Note: This is not an insurance benefit)

OptiMed™

Telephonic Doctor Visits

OptiMed's Telephonic Doctor Visits

OptiMed's Unlimited Telephonic Doctor Visits provides **on-demand, 24/7 phone and e-mail access to licensed physicians.** Individuals and families can consult immediately with our national network of U.S.-based, state-licensed doctors for common, non-emergent medical conditions.

OptiMed's Unlimited Telephonic Doctor Visits redefines traditional healthcare delivery by harnessing the power of digital telephony and the Internet. The result: Americans nationwide can now experience real-time, quality physician care 24/7.

OptiMed Unlimited Telephonic Doctor Visits

- On-demand physician care.
- Call or e-mail a doctor 24/7, without long waits at the doctor's office.
- Easy-to-use online health tools.
- All physicians are U.S.-based, licensed and board certified.

OptiMed Unlimited Telephonic Doctor Employer Benefits

- Lower employee absenteeism.
- Improve access to care.
- Enhance employee productivity.
- Augment your consumer-driven healthcare strategy.

How to use your Telephonic Doctor Visits

1.	**On-Call Tele-Consult** *Talk to a doctor immediately* *On-demand consultation* *Receive medical advice*
2.	**By Priority Appointment Tele-Consult** *Set a time to talk to a doctor* *Comprehensive consultation* *Call back within an hour*
3.	**E-Consult** *E-mail a doctor about sensitive medical issues* *Secure, discreet, compliant* *Doctor response within 24 hours*

When to use OptiMed's Unlimited Telephonic Doctor Visits

- Need information for non-emergent medical issues.
- After-hours or on weekends and holidays, when your primary care physician is unavailable.
- Require medical advice and care, without the inconvenience of time off work.
- While traveling or on-the-go.

OptiMed Unlimited Telephonic Doctor: Insureds

Entitles covered employees and their families to **unlimited** access to OptiMed's Unlimited Telephonic Doctor visits.

UNLIMITED CALLS & E-MAILS
There are no limits on usage!

OptiMed's Telephonic Doctor Visits
are provided by Consult-A-Doctor

(Note: The OptiMed Telephonic Doctor Visits is not an insurance benefit)

*There is no guarantee that you will be prescribed medication. Physicians do not prescribe controlled medications.
This is not health insurance and does not replace your primary care physician. If you have an emergency please dial 911. All services are HIPAA-compliant.

OPTIMED GAP PLANS AND RATES

OPTIONAL BENEFITS

PHYSICIAN OFFICE VISIT (OPTIONAL)	AGE GROUP	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
UP TO $15 PER VISIT 8 VISITS CALENDAR YEAR MAXIMUM PER FAMILY UP TO A LESSER OF $120	Under 40	$4.67	$8.52	$10.01	$12.31
	40-49	$5.90	$8.65	$9.12	$10.85
	50+	$12.18	$14.55	$15.27	$16.55

OUTPATIENT PRESCRIPTION DRUG (OPTIONAL)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
GENERIC FORMULARY RETAIL $10 CO-PAY MAIL-ORDER CO-PAY $20 ANNUAL MAXIMUM UNLIMITED ON GENERIC FORMULARY DRUGS	$31.39	$54.79	$47.77	$78.19

Additional Included OptiMed Programs - These are not insurance benefits

-Patient Advocacy Service
-Consult-A-Doctor
-Cobra Administration
-Section 125 Premium Only Plans (POP)

- Any coverage level above Employee Only is subject to the per person outpatient benefit with a Family maximum benefit of 2 times the Employee Only maximum.
- Pays up to a selected maximum benefit per person per calendar year for hospital confinement due to an injury or sickness that begins after the Effective Date if the Insured Person's Major Medical/Comprehensive Policy covers the expenses. Benefits are limited to the deductible, co-payment and coinsurance amounts the insured is required to pay under their Major Medical/Comprehensive Policy, subject to the provisions, limitations and exclusions of the policy.
- The Employer group will not be eligible if their underlying major medical or comprehensive medical plan contains a separate and/or higher deductibles, coinsurance and/or co-pays for maternity.
- This product is not HSA (Health Savings Account) compatible.

Rates are valid for only 31 days after issuance of quote. Rates are subject to change.

The OptiMed GAP Plan includes insured and non-insured benefits, including but not limited to Online Services and HR Administration, Consult-a-Doctor, Patient Advocacy, Section 125 POP and Cobra Administration. The rate includes a $7.99 fee for non-insured benefits.

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OptiMed GAP Plans and Rates

Plan Design 2500/1250	Age Group	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,500 Inpatient Benefit (Hospital/Facility) -per person $1,250 Outpatient Benefit -Any coverage level above Employee Only subject to outpatient Family maximum benefit of 2 times the employee only calendar year maximum.	Under 40	$39.32	$64.44	$77.33	$102.38
	40-49	$50.59	$84.67	$86.47	$120.52
	50+	$79.07	$135.93	$123.18	$179.98

Plan Design 3500/1750	Age Group	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$3,500 Inpatient Benefit (Hospital/Facility) -Per person $1,750 Outpatient Benefit -Any coverage level above Employee Only subject to outpatient Family maximum benefit of 2 times the employee only calendar year maximum.	Under 40	$47.36	$78.89	$95.27	$126.75
	40-49	$61.78	$104.80	$107.22	$150.19
	50+	$96.40	$167.12	$151.45	$222.12

Plan Design 5000/2500	Age Group	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$5,000 Inpatient Benefit (Hospital/Facility) -per person $2,500 Outpatient Benefit -Any coverage level above Employee Only subject to outpatient Family maximum benefit of 2 times the employee only calendar year maximum.	Under 40	$58.02	$98.05	$119.07	$159.04
	40-49	$76.67	$131.62	$134.83	$189.71
	50+	$119.23	$208.16	$188.62	$277.52

Plan Design 10000/2500	Age Group	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$10,000 Inpatient Benefit (Hospital/Facility) -per person $2,500 Outpatient Benefit -Any coverage level above Employee Only subject to outpatient Family maximum benefit of 2 times the employee only calendar year maximum.	Under 40	$79.98	$137.62	$168.74	$226.31
	40-49	$108.53	$188.93	$194.39	$274.73
	50+	$162.06	$285.25	$259.17	$382.32

$10,000/$2,500 Plan Requires an Employer Contribution of 70%.

Additional Included OptiMed Programs - These are not insurance benefits

-Patient Advocacy Service
-Consult-A-Doctor
-Cobra Administration
-Section 125 Premium Only Plans (POP)

Please Note: No benefits are payable for outpatient prescription drug, and physician office co-pays.

- 5 enrolled or 10% of the eligible population whichever is greater.
- Any coverage level above Employee Only is subject to the per person outpatient benefit with a Family maximum benefit of 2 times the Employee Only maximum.
- Pays up to a selected maximum benefit per person per calendar year for hospital confinement due to an injury or sickness that begins after the Effective Date if the Insured Person's Major Medical/Comprehensive Policy covers the expenses. Benefits are limited to the deductible, co-payment and coinsurance amounts the insured is required to pay under their Major Medical/Comprehensive Policy, subject to the provisions, limitations and exclusions of the policy.
- The Employer group will not be eligible if their underlying major medical or comprehensive medical plan contains a separate and/or higher deductibles, coinsurance and/or co-pays for maternity.
- This product is not HSA (Health Savings Account) compatible.

Rates are valid for only 31 days after issuance of quote. Rates are subject to change.

The OptiMed GAP Plan includes insured and non-insured benefits, including but not limited to Online Services and HR Administration, Consult-a-Doctor, Patient Advocacy, Section 125 POP and Cobra Administration. The premium includes a $7.99 fee for non-insured benefits.

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OPTIMED GAP PLANS REQUIREMENTS

1. Employer may choose a base plan on a voluntary basis, with no employer contribution. To offer a buy-up option the employer must pay 100% of the base plan.
2. Must be covered under a major medical or comprehensive medical plan (this does not include any limited medical plan).
3. To qualify for benefits, an employee must be a W2'd employee of the employer. 1099 workers or contractors are not eligible.
4. Minimum group size is 5 eligible employees with a minimum of 5 enrolled.
5. If the insured Employee/Spouse's Major Medical/Comprehensive Policy covers Pregnancy, benefits will be payable for pregnancy.
6. Benefits are also payable for hospital emergency room treatment for a covered injury or sickness. Benefits for emergency room treatment due to sickness require that the sickness result in Hospital Confinement within 24 hours of the Hospital emergency room treatment.
7. This policy does not have a pre-existing condition limitation, however, a condition must be covered under the insured's major medical or comprehensive medical plan in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the major medical or comprehensive medical plan would, in effect, limit coverage under this plan.
8. For participation purposes, only those employees who are covered under one of the employer's major medical or comprehensive medical plans will be considered eligible employees.
9. Expenses must be covered by the insured's comprehensive major medical plan to be covered under this product.
10. Uses primary medical plan's EOB (explanation of benefits) as a basis for determining what is covered.
11. Pregnancy is covered same as any other illness for insured employees and their insured spouses, but pregnancy (except for Complications of Pregnancy) is not covered for dependent children, unless required by state.
12. Ineligible industries include deep sea divers, ironworkers, mining and quarrying, professional athletes, window washers.

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OPTIMED GAP PLANS EXCLUSIONS

1. Declared or undeclared war or any act thereof;
2. Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
3. Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
4. Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
5. Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
6. Confinement or other covered treatment for Dental or Vision not related to an accidental Injury;
7. Mental or nervous disorders;
8. Alcoholism, drug addiction or complications thereof;
9. Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
10. Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
11. Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Major Medical/Comprehensive Policy;
12. Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy, Our sole obligation will then be to refund all premiums paid for that Insured Person; and
13. An Insured Person engaging in any act or occupation, which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

Coverage will continue as long the policy remains in force, the premiums are paid, and the insured remains eligible for coverage under the policy. Not available in all states. Some provisions, benefits, exclusions or limitations may vary by state. Underwritten by Fidelity Security Life Insurance Company; Policy form number: M-9054; Policy numbers: MG-110, MG-118. OptiMed is underwritten and arranged exclusively for licensed agents by Fidelity Security Life Insurance Company, Kansas City, MO 64111.

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OUTPATIENT PRESCRIPTION DRUG EXCLUSIONS

Outpatient Prescription Drug benefits are not payable for the following items:

1. All over-the-counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications;
2. Blood glucose meters and insulin injecting devices;
3. Depo-Provera, levonorgestral, condoms, contraceptive sponges, spermicides, sexual dysfunction drugs;
4. Biologicals (including allergy tests), blood products, growth hormones, hemophiliac factors, MS injectables, immunizations, all other injectables unless shown under the definition of Prescription Drug;
5. Aerochamber, Aerochamber with Mask, Peak Flow Meter, all other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug;
6. Liquid nutritional supplements, pediatric Legend Drug vitamins, prenatal Legend Drug vitamins, prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin – used in treatment versus as a dietary supplement, all other Legend Drug vitamins and nutritional supplements;
7. Anorexiants; any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps, any drugs or products used for the treatment baldness, Topical dental fluorides;
8. Refills in excess of that specified by the prescribing physician, or refills dispensed after one year from the original date of prescription;
9. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA-approved indication for a period of one year from such FDA approval for its intended indication;
10. Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs;
11. Any drug which the FDA has determined to be contraindicated for the specific treatment;
12. Drugs needed due to conditions caused, directly or indirectly, by an insured person taking part in a riot or other civil disorder, or the insured person taking part in the commission of a felony;
13. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an insured person while on active duty in any armed forces;
14. Any expenses related to the administration of any drug;
15. Needles or syringes, unless shown under the definition of Prescription Drug;
16. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
17. Drugs covered under Workers' Compensation, Medicare, Medicaid or other governmental programs;
18. Drugs, medicines or products which are not Medically Necessary;
19. Diaphragms, Erectile dysfunction Legend Drugs, unless specifically listed in the definition of Prescription Drug, Infertility Legend Drugs;
20. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard, Glucagon-auto injection, Imitrex-auto injection; and
21. Smoking deterrents, Legend or over-the-counter.

Limitations

If a Brand Name Prescription Drug is dispensed solely upon the insured's request in lieu of an available Generic Prescription Drug, in addition to any Copayment amount, the insured will be responsible for the cost of the Prescription Drug that exceeds the cost of its Generic alternative.

Dispensing Limits and Authorized Refills:

Retail: the lesser of a 30-day supply or specified unit doses.

Mail: 90-day supply of a maintenance drug or a 30-day supply of any other Prescription Drug.

Disclosures:

Policy Form Numbers: M-9031/M-9022; Policy Numbers: PD-273, PD-274, PD-335, PD-336.

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