

MagellanRx MANAGEMENTSM

Group Name: CMC INVESTMENTS DBA
DOLLAR RENT-A-CAR

Plan Description:

Coverage Code: PRXMRT0006

Effective Date: 07/01/2012

Group #: 012967

Client ID: PRXMRT

Group Effective Date: 09/01/2011

Coverage For: Retail and Mail

Retail Copays

Retail Days Supply:	1	to	30		to		to
Tier 1	\$ 0.00	%		\$	%	\$	%
Tier 2	\$ 25.00	%		\$	%	\$	%
Tier 3	\$ 50.00	%		\$	%	\$	%
Tier 4 Specialty	\$	%		\$	%	\$	%
	Min		Max	Min	Max	Min	Max
Tier 1	\$		\$	\$		\$	\$
Tier 2	\$		\$	\$		\$	\$
Tier 3	\$		\$	\$		\$	\$
Tier 4 Specialty	\$		\$	\$		\$	\$

Mail Order Copays

Mail Days Supply:	1	to	30	31	to	90		to
Tier 1	\$ 0.00	%		\$ 30.00	%		\$	%
Tier 2	\$ 25.00	%		\$ 50.00	%		\$	%
Tier 3	\$ 50.00	%		\$ 80.00	%		\$	%
Tier 4 Specialty	\$	%		\$	%		\$	%
	Min		Max	Min	Max		Min	Max
Tier 1	\$		\$	\$		\$	\$	\$
Tier 2	\$		\$	\$		\$	\$	\$
Tier 3	\$		\$	\$		\$	\$	\$
Tier 4 Specialty	\$		\$	\$		\$	\$	\$

Copay Details

Comparison Logic : N/A

Days Supply

Retail Days Supply : 30

Mail Days Supply : 90

Retail Max Quantity : Unlimited

Mail Max Quantity: Unlimited

Specialty Retail Days Supply : 30

Specialty Mail Days Supply : 90

Copay Comments

Formulary

Formulary Type Standard

**Retail 90 Days Supply
Network Options**

Network Options Standard

BidRx Program No

GoodRx Program

Tier Zero

**Tier Zero Program (PRx Yes
Standard List) Retail Only**

Tier Zero Apply Deductible N/A

Tier Zero Copay Type \$

Tier Zero Days Supply 30

Tier Zero Copay 0

Accumulators

Retail

Ind. Deductible \$	0.00	Fam. Deductible \$	0.00
Ind. Plan Max \$	0.00	Fam. Plan Max \$	0.00
Ind. OOP Max \$	0.00	Fam. OOP Max \$	0.00

Mail

Ind. Deductible \$	0.00	Fam. Deductible \$	0.00
Ind. Plan Max \$	0.00	Fam. Plan Max \$	0.00
Ind. OOP Max \$	0.00	Fam. OOP Max \$	0.00

Specialty

Ind. Deductible \$	0.00	Fam. Deductible \$	0.00
Ind. Plan Max \$	0.00	Fam. Plan Max \$	0.00
Ind. OOP Max \$	0.00	Fam. OOP Max \$	0.00

Accumulator Details

Accum Method : Calendar Year	Deductible Included in OOP : N/A
Plan Max Once Exceeded : N/A	Rx / Med Combined : No
Retail / Mail Combined : Combined	Deductible Doesn't Apply To : No
Daw Penalty Applies to Deductible : No	DAW Penalty Applies to OOP : No
Deductible Rx/Med Combined:	Plan Max Rx/Med Combined: N/A
OOP Rx/Med Combined:	

Accumulator Comments

DAW1 - Dispense as Written

Brand Copay w/Gen. Avail. Brand Mbr Pays Diff. No

DAW2 - Patient Requests Brand

Brand Copay w/Gen. Avail. Brand Mbr Pays Diff. No

Single-Source

Brand Copay if no Gen. Brand OON Status Not Covered OON %

Direct Member Reimbursement

Direct Member Reimbursement Yes DMR Code 99CLN1 - Pay as Submitted

Drug Utilization Review

Step Therapy Model	No	Duplicate Therapy Model	Yes
Quantity	Yes	Prior Auth Model	Yes
Refill Too Soon Retail	75%	Specialty Clinical Edits	Yes
Refill Too Soon Mail	70%	Max Cost per Transaction Retail	\$1500
Standard Max Cost Edit Applies	Yes	Max Cost per Transaction Mail	N/A
Standard Max Cost - Compounds	Yes	Max Cost per Compound at Retail	300.00
High Dollar Threshold \$15,000 (MRx Standard)	No	Gender Edit Bypass	No

Fill Limits

Max Quantity	Unlimited	Fills Before Mandatory Mail	Voluntary
Specialty Pharmacy Mandatory	No	Specialty Fills Allowed at Retail	
Mail Order Program		Mail Order Vendor	Magellan Rx
Exclude All MRx Specialty Drugs	No	Apply Mandatory Mail to	
Exclude All Non-INJ MRx Specialty Drugs	No	Exclude All INJ Mrx Specialty Drugs	No

Plan Limits**Plan Type** Primary Plan**Maintenance**

Medispan Standard	N/A	Max Retail Days Supply	N/A
Retail Copays / Days Supply	N/A		

Includes / Excludes

General			
	Abortifacients :		Immune Serums :
	AIDS :		Immunization/Vaccines :
Alcohol Deterrents :			Immunosuppressives :
Alcohol Swabs :			Injectables :
Anabolic Steroids :	X		Interferon Alpha Beta :
Anti-Obesity :	X		Metabolic Infant Formula :
Bee Sting Kit :	I	Miscellaneous Medical Supplies :	X
Biologicals :	X	Nutritional Diet Supplement :	X
Blood/Blood Products :	X	Ostomy Supplies :	X
Blood Pressure Supplies :	X	OTC :	X
Complimentary Alternative Medicines :	X	Prenatal Vitamins :	X
Cosmetic Preps :	X	Respiratory Devices :	X
CSF/Hematopoietic Agents :	I	Sexual Dysfunction (Non-Oral) :	X
Fertility Drugs :	X	Sexual Dysfunction (Oral) :	X
Fluoride Preps - Oral :	X	Smoking Deterrent :	I
Fluoride Preps - Topical :	X	Tuberculine Syringes :	X
Folic Acid :	X	Vitamins (Not Prenatal) :	X
Hair Growth Stimulants :	X	X-ray Diagnostics :	X
Imitrex Injectable w/Std Qty Limit :	I	Yocon :	X
Compound Drugs			
	Compound Drugs	Compound Drugs Allow OTC Ingredients	No
Antineoplastics/Chemotherapy			
	Antineoplastics/Chemo	Allowable Form	Oral and Injectable

Contraceptives		
Injectables : I		Diaphragms/Cervical : I
Oral : I		IUD : X
Patch : I		Progestin Implants : X
Diabetic		
Blood Sugar Diagnostics : I		Insulin Syringes : I
Glucometers : X		Lancets : I
Insulin : I		Urine Test Strips : I
Age Limits		
Acne Products : 25	Age Limit and Under : I	Over Age Limit : X
ADD Drugs : 25	Age Limit and Under : I	Over Age Limit : X
Anorexiant : 99	Age Limit and Under : X	Over Age Limit : X
Growth Hormones : 99	Age Limit and Under : A	Over Age Limit : A
Isotretinoin Accutane : 99	Age Limit and Under : X	Over Age Limit : X

Exception Copays

Contraceptive Copays			
Injectables Retail Copay \$	Mail Copay \$	Days Supply 0	# of Copays
Diaphragm Retail Copay \$	Mail Copay \$	Days Supply 0	# of Copays
Patch Retail Copay \$	Mail Copay \$	Days Supply 0	# of Copays
Oral Retail Copay \$	Mail Copay \$	Days Supply 0	# of Copays
IUD Retail Copay \$	Mail Copay \$	Days Supply 0	# of Copays
Extended Cycle Retail Copay \$	Mail Copay \$	Days Supply	# of Copays
Diabetic Copays			
Insulin Retail \$	Retail %	Mail \$	Mail %
Blood Sugar Diag. Retail \$	Retail %	Mail \$	Mail %
Lancets Retail \$	Retail %	Mail \$	Mail %
Glucometer Retail \$	Retail %	Mail \$	Mail %
Insulin Syringes Retail \$	Retail %	Mail \$	Mail %
Urine Strips Retail \$	Retail %	Mail \$	Mail %
Alcohol Swabs Retail \$	Retail %	Mail \$	Mail %
Resp. Devices Retail \$	Retail %	Mail \$	Mail %
Diabetic Glucometers			
Qty Max Per Year		Paid Max Per Year \$ 0.00	

Smoking Deterrent			
Product Type	Rx & OTC	Plan Max Once Exceeded	N/A
Calendar Year Max \$	0.00	Calendar Year Max %	0
Lifetime Max \$	0.00	Lifetime Max %	0
Injectables			
Generic Copay \$		Generic Copay %	
Brand Copay \$		Brand Copay %	
Fertility Drugs			
Copay \$		Copay %	
Calendar Max \$	0.00	Lifetime Max \$	0.00
Metabolic Infant Formula			
Copay \$		Copay %	
Max Days Supply	0	Annual Max \$	0.00
Other			
Growth Hormone Lifetime Max \$	0.00	Immunosupp. Lifetime Max \$	0.00
Sexual Dysfunction (Oral) Max Qty/Mo	0	Sexual Dysfunction(Non Oral) Max Qty/Mo	0

Drug Coverage Comments

ALLOW 1 DIAPHRAGMS GPI:974020 & CERVICAL CAPS GPI:974018 PER 365 DAYS. EXCLUDE GPI LIST OF CHELATION THERAPY DRUGS THRU RETAIL AND MAIL. EXCLUDE SANDOSTATIN GPI-3017007010 THRU RETAIL & MAIL. INCLUDE SPECIALTY INJECTABLES.

Health Care Reform	
Grandfather Status	HCR Preventive Care Plan Option
HCR Standard Rx & OTC (HCRPREVA)	HCR Vaccines (HCRVAC)
HCR Rx Contraceptives (HCROCRX)	HCR Smoking Cessation Rx & OTC (HCRSMOKEA)
HCR Medical Contraceptives (HCROCMED)	HCR Rx Smoking Cessation (HCRSMOKEB)
HCR OTC Contraceptives (HCROCOTC3)	HCR OTC Smoking Cessation (HCRSMOKEC)