



**Willoughby-Eastlake City Schools  
Prescription Drug Program**

<b>Benefits</b>	<b>Copay</b>	<b>Day Supply</b>
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	26	
Older Aged Child	28	
	Removal upon End of Month	
<b>Retail Program with Oral Contraceptives</b>		
Proton Pump Inhibitors (i.e., Prilosec OTC – Omeprazole) <sup>2</sup>	\$0	30
<b>Retail Program with Oral Contraceptives</b>		
Immunizations <sup>1</sup>	\$0	N/A
Generic Copayment	\$10	34 days or 100 unit doses quantity, whichever is greater
Preferred Brand Copayment	\$30	34 days or 100 unit doses quantity, whichever is greater
Non-Preferred Brand Copayment	\$45	34 days or 100 unit doses quantity, whichever is greater
<b>Mail Order Program with Oral Contraceptives</b>		
Generic Copayment	\$10	90 days
Preferred Brand Copayment	\$75	90 days
Non-Preferred Brand Copayment	\$112.50	90 days

Note: Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

Coverage Management Programs included – Prior Approval, Step Therapy and Quantity Duration

**Covered:**

- **Diabetic Supplies: Includes over-the-counter items, as well as insulin, syringes and needles, glucose monitors, meters or glucoWatch. If purchased with Insulin, one co-pay. If items are purchased separately, a separate co-pay will apply to each.**
- **Retin-A – through age 25.**
- **CNS Stimulants**

**Excluded:**

- **Injectables for Medroxyprogesterone Acet .**
- **Cosmetic Drugs – anti-wrinkle agents, hair removal, hair growth stimulants, pigmentation and depigmentation agents.**
- **Growth Hormones**
- **Infertility Medications**
- **Mineral and Nutrient Supplements**
- **Calcium Supplements**

**Generic Incentive:** If the member or physician requests a non-preferred brand drug and a generic equivalent exists, the member pays the non-preferred brand copayment PLUS the difference between the cost of the generic drug and the non-preferred brand drug regardless of any “dispense as written” notation by the physician or the member. Note: The prescribing physician may submit a request to have the difference between the cost of the generic drug and the Non-Formulary brand-name waived due to medical necessity. If the request is approved, the difference will be waived.

**Important Information for Diabetics:** You may be able to obtain diabetic supplies at no cost to you by participating in MMO's Diabetes Management Program. If you have any questions about the program and/or wish to enroll, please call 1-800-861-4826.

<sup>1</sup>Coverage includes Preventive Medications, in accordance with Federal Law.

<sup>2</sup>Proton Pump Inhibitors (PPIs) are a class of drugs that inhibit gastric acid production and are used to treat a variety of gastrointestinal conditions.