

INDIVIDUAL PLAN II+ 15/200D  
SCHEDULE OF BENEFITS  
AUGUST 1, 2005 TO JULY 31, 2006

**Annual Copayment/Coinsurance Maximum                      \$3,000 per Member/\$9,000 per Family**

In order to ensure that Copayments/Coinsurance never become a barrier to receiving health care, PacifiCare provides an Annual Copayment/Coinsurance Maximum.

When Copayments/Coinsurance made by a Member during any Calendar Year exceed the Annual Copayment/Coinsurance Maximum, then no further Copayments/Coinsurance will be required for services received during the remainder of the Calendar Year. The Family Copayment/Coinsurance Maximum is computed at three times the Member Maximum specified above.

The Annual Copayment/Coinsurance Maximum does not apply to any nonauthorized services.

A member must keep all of his or her receipts to submit proof of reaching the Copayment/Coinsurance Maximum.

**Benefits While Hospitalized as an Inpatient**

Inpatient Hospital Services	\$200 Copayment per day
Inpatient Physician Care	Paid in full
Anesthesiologist Services	Paid in full
Inpatient Rehabilitation Care	\$200 Copayment per day
Maternity Care	\$200 Copayment per day
Newborn Care	\$200 Copayment per day
Skilled Nursing Care ( <i>up to 100 days per Calendar Year</i> )	\$100 Copayment per day
Transplants ( <i>\$250,000 lifetime maximum; 12-month Exclusion Period with credit for prior coverage, subject to applicable Copayment</i> )	\$200 Copayment per day

**Benefits Available on an Outpatient Basis**

Allergy Testing and Treatment	\$15 Copayment
Diabetic Education Programs	Paid in full
Diagnostic Laboratory and Radiology	\$15 Copayment
Durable Medical Equipment	20% Coinsurance
Family Planning Tubal Ligation Vasectomy Voluntary Termination of Pregnancy	Copayment is determined based on place of service
Hearing Screening and Refractive Eye Exams	\$15 Copayment
Home Health Care	\$15 Copayment
Hospice	Paid in full
Injections ( <i>allergy, contraception, immunization</i> )	\$15 Copayment
Maternity Care Prenatal Care, Outpatient Exams and Tests and Postnatal Care	\$75 Copayment per pregnancy
Office Visits ( <i>including women's health care services</i> )	\$15 Copayment

Outpatient Surgery Facility Fee and Procedures	\$100 Copayment per day
Rehabilitation Therapy Short-term Speech, Physical and Occupational Therapy <i>(up to 30 visits per Calendar Year per modality)</i>	\$15 Copayment
Routine Health Evaluations <i>(including women's health care services)</i>	\$15 Copayment
Well-Baby and Well-Child Care	\$15 Copayment

### Use of Emergency Services

Emergency Services <i>(Copayment waived if admitted directly as inpatient from emergency room)</i>	\$100 Copayment
Urgent Care	\$50 Copayment
Ambulance	Paid in full

### Benefits Available for Alcoholism and Mental Health

<p>Alcoholism Services</p> <p>Inpatient Hospital Services for Rehabilitation Residential Facility Treatment Detoxification Outpatient Services</p> <p><i>Coverage for all types of alcoholism treatment shall be limited to \$4,500 in the Benefit Period. The Benefit Period is 24 months of coverage from January 1, 2005 to December 31, 2006. The subsequent period is January 1, 2007 to December 31, 2008.</i></p>	<p>\$200 Copayment per day \$200 Copayment per day \$200 Copayment per day \$20 Copayment per visit</p>
<p>Mental Health Services</p> <p>Inpatient Services and Residential Facility Treatment <i>(up to 2 Floating Benefit Units for adults and children**)</i> Outpatient Services <i>(up to 20 visits per Calendar Year)</i> <i>**Floating Benefit Unit – One unit equals one day of inpatient hospital services or two days of residential full-day treatment or four days of residential part-day treatment up to the benefit limit.</i></p>	<p>\$200 Copayment per day  \$20 Copayment per visit</p>

**Lifetime Maximum Benefit**

**\$2,000,000**

## Principal Exclusions and Limitations

All services and benefits for care and conditions within each of the following classifications will be excluded from coverage under this Health Plan.

### Exclusions

- Acupuncture
- Addictions to Food, Caffeine and Tobacco
- Air Conditioners
- Artificial Heart
- Art Therapy
- Behavior Modification and Conduct Disorders
- Behavioral Health Treatments – treatment sessions provided by telephone or computer Internet
- Chiropractic Care
- Communication Devices
- Complementary and Alternative Medicine
- Cosmetic Services and Surgery
- Court Ordered Care
- Custodial or Domiciliary Care
- Dental Services and Dental Appliances
- Elective or Voluntary Enhancement Procedures
- Exercise Equipment and Services
- Experimental or Investigational Procedures
- Eye Surgery for improving refraction
- Gambling Addiction
- Hearing Aids and Hearing Devices
- Infertility Reversal
- Infertility Services
- Institutional Services and Supplies
- Learning Disabilities
- Lost or Stolen Medications
- Marriage Counseling
- Medicare Benefits for Medicare Beneficiaries
- Methadone Treatment or Maintenance
- Non-Licensed Professionals
- Non-Organic Therapies
- Nursing - Private Duty
- Obesity Treatment
- Occupational Injuries
- Oral Surgery
- Organic Therapies
- Out of Area Students and Dependents
- Sex Therapy
- Sex Transformations
- Sexual Dysfunction
- Spiritual Counseling
- Vision Materials
- Vision Training
- Weight Alteration Programs (Inpatient and Outpatient)

## **Limitations**

- Alcoholism, Drug Addiction and Other Substance Abuse Rehabilitation
- Behavior Modification and Non-Crisis Mental Health Counseling and Treatment
- Biofeedback
- Bloodless Surgery Services
- Bone Marrow and Stem Cell Transplants
- Breast Implants
- Circumcision
- Dental Care, Dental Appliances and Orthodontics
- Dental Treatment and Anesthesia
- Diabetic Education Programs
- Dialysis
- Disabilities Connected to Military Services
- Durable Medical Equipment
- Education Services for Developmental Delays and Learning Disabilities
- Elemental Enteral Formula
- Experimental and/or Investigational Procedures, Items and Treatments
- Eye Wear and Corrective Refractive Procedures
- Family Planning
- Follow Up Care: Emergency Services
- Foot Orthotics/Footwear
- Genetic Testing
- Government Services and Treatment
- Health Care Expenses Incurred to Liable Third Party
- Hospice Care
- Immunizations
- Institutional Services and Supplies
- Mastectomy
- Medicare Benefits for Medicare Eligible Members
- Mental Health Benefits
- Midwife Services
- Nutritional Supplements or Formulas
- Organ Donor Services
- Organ Transplants
- Outpatient Medical Rehabilitation Therapy
- Physical or Psychological Examination
- Prosthetics and Corrective Appliances
- Public Facility Care
- Pulmonary Programs
- Reconstructive Surgery
- Rehabilitation Services and Therapy
- Respite Care
- Routine Health Evaluations
- Services in the Home
- Surrogacy
- Skilled Nursing Care
- Surrogate Mothers
- Temporomandibular Joint Syndrome (TMJ)
- Transplants
- Transportation
- Usual, Customary, or Reasonable (UCR)
- Ventricular Assist Devices
- Veterans Administration Services
- Vision Care

## OREGON

### SUPPLEMENTAL OUTPATIENT PRESCRIPTION DRUG BENEFIT 3-TIER PLAN SUMMARY OF BENEFITS

#### Copayment Amount

**Generic Formulary \$15**

**Brand-Name Formulary \$25**

**Non-Formulary \$40**

*Copayments/Coinsurance paid under this benefit do not count toward the Member's Annual Copayment/Coinsurance Maximum and will still be required after the Annual Copayment/Coinsurance Maximum is reached.*

#### Benefit Maximum

A maximum of \$1,000 for covered prescription drugs will be paid for each member. The amount applied towards your benefit maximum, will be PacifiCare's contracted rate for the medication.

#### Covered Benefits

This Supplemental Outpatient Prescription Drug Benefit entitles you to coverage for FDA approved Prescription Drugs, subject to the following provisions:

- Covered Prescription Drugs must be for use in an Outpatient Setting;
- Covered Prescription Drugs must be prescribed in conjunction with services provided or authorized by your Contracting Medical Group or Primary Care Practitioner;
- Covered Prescription Drugs must be filled at a PacifiCare Contracting Pharmacy.

The following items are also covered under your prescription drug benefits: insulin, insulin syringes, blood or urine glucose test strips, lancets, glucagon kits, inhaler extender devices, prenatal vitamins, oral contraceptives, and anaphylaxis prevention kits (i.e. EpiPens<sup>®</sup> and Ana-Kits<sup>®</sup>). These supplies are subject to the applicable pharmacy Copayment for each unit.

#### Copayment Amount

You are responsible for the applicable Copayment amount each time a Prescription is filled. The amount of the Copayment is determined by the classification of the drug as Formulary Generic, Formulary Brand or Non-Formulary. If a Member is prescribed a Formulary Generic Prescription Drug, the Formulary Generic Copayment applies. If a Member is prescribed a Formulary Brand Prescription Drug, the Formulary Brand Copayment applies. If a Member is prescribed a Non-Formulary Prescription Drug, the Non-Formulary Copayment applies. If the retail cost of the drug is less than the Copayment, you will be charged the retail cost of the drug.

#### PacifiCare Formulary

The PacifiCare Formulary is a list of outpatient prescription drugs created and regularly updated by the PacifiCare National Pharmacy and Therapeutics Committee, which consists of practicing providers and pharmacists. This committee has the responsibility of reviewing new and existing drugs and decides which drugs provide quality treatment at the best value. The PacifiCare Formulary classifies drugs as generic or brand name. Members can access the Formulary via the Internet at the PacifiCare web site, [www.pacificare.com](http://www.pacificare.com) or request a written copy from our Customer Service department at 1-800-932-3004 or TTY 1-800-786-7387.

#### Preauthorization

PacifiCare reserves the right to require preauthorization and/or limit the quantity of any prescription to ensure that the following coverage criteria are met:

- The prescription is for treatment of a medical condition;
- There is sufficient evidence to draw conclusions about the effect of the prescription on the medical condition being treated and on your health outcome;
- The expected beneficial effects of the prescription outweigh the expected harmful effects;
- The Prescription represents the most cost-effective method to treat the medical condition.

Your Provider needs to complete the Preauthorization process. Prescriptions that require Preauthorization will be charged the applicable Copayment if approved. Please see the Copayment Amount section for more information.

## Purchasing Your Prescription

Your prescription drug benefit helps to cover the costs of medications prescribed by a PacifiCare Contracting Physician and filled at a PacifiCare Participating Pharmacy. Using your benefit is simple.

- Present your prescription and PacifiCare ID card at any PacifiCare Participating Pharmacy. If ordering your prescription by phone, be sure to mention that you are a PacifiCare Member.
- Pay the Copayment for a Prescription Unit or its retail cost, whichever is less.
- Receive your medication.

Typically, you will receive up to a 30-day supply of medication, also known as a Prescription Unit from a retail pharmacy and up to a 90-day supply of medication or three Prescription Units from our Mail Service Pharmacy.

## Participating Pharmacies

PacifiCare has a well-established network of approximately 900 pharmacies in the Northwest, including most major pharmacy and supermarket chains as well as many independent pharmacies. A complete listing of contracted pharmacies is available in your "Provider Directory". Our Customer Service Associates can also assist you in finding a pharmacy near you.

Participating Pharmacies have agreed to dispense covered Prescription Drugs to Members at the applicable Copayment, not to exceed the retail price. There are no claim forms to submit; the Pharmacy will bill PacifiCare directly. PacifiCare issues each Member an identification card that references this Plan's Prescription Drug benefit. Members who buy covered drugs for the Member's children should show the identification card of the child who will be taking the medicine. If the identification card is not used, and the pharmacy cannot reach PacifiCare to confirm that the Member is covered by this Prescription Drug Benefit, no benefits will be provided.

## Mail Service Pharmacy Program

PacifiCare offers a Mail Service Pharmacy program through Prescription Solutions that provides convenient service and savings on medications that you may take on a regular basis. Members may receive a ninety (90)-day

(3 Prescription Units) supply for only two Copayments. You get high quality medications mailed directly to your home for added convenience.

To use the Mail Service Pharmacy benefit:

- Fill out the patient information questionnaire found on the prescription drug order form the first time the Plan Mail Service Pharmacy is used.
- Send the prescription drug order form and payment directly to the Mail Service Pharmacy's address shown on the form. Remember to include the physician's written prescription for three (3) Prescription Units or a ninety (90)-day (3 Prescription Units) supply with additional refills.
- All prescriptions are processed upon receipt and are usually returned in 10 to 14 days. If for any reason, the medication is not received within 14 days, you can call the Mail Service Pharmacy Help Desk at 1-800-562-6223 and arrangements will be made to make sure that you do not run out of medication.

Medication such as schedule II substances, (e.g., morphine, Ritalin, and Dexedrine), antibiotics and other medications for short-term or acute illness, and drugs with special packaging requirements, (e.g., M.U.S.E., Pulmozyme), are not available through our Mail Order Program.

For further information, call our Mail Service Customer Service Department at 1-800-562-6223. You can also access information on the Mail Service Pharmacy benefit via the web site at [www.rxsolutions.com](http://www.rxsolutions.com) or [www.pacificare.com](http://www.pacificare.com).

## Prescriptions Filled in Emergencies

Whenever possible, prescriptions should be filled at a PacifiCare contracted pharmacy. PacifiCare is contracted with a nationwide network of pharmacies for use when traveling. If you utilize a non-contracted pharmacy in the event of an urgent or emergency situation, the prescription must be paid in full at the time of service and you must submit a claim to PacifiCare for reimbursement. You are only eligible for reimbursement for prescriptions related to an Emergency. (Please see definition of Emergency Medical Condition in the *Individual Plan Agreement*.)

If you need to fill a Prescription in an emergency at a non-contracted pharmacy, you will be required to pay the price of the Prescription at the time it is filled. You should then submit the receipt to the address below. If your request is determined to be appropriate, you will

be refunded the cost of the Prescription less any applicable Copayment that is due from you.

To receive a refund, you must send the following information to Prescription Solutions® along with a completed claim form. (Claim forms are available from our Customer Service department at 1-800-932-3004 or TTY 1-800-786-7387.)

Copies of the receipts, showing Prescription number, name of the Prescription Drug, date filled, pharmacy name, name of the Member for whom the Prescription was written, and proof of payment.

A statement describing why a PacifiCare Participating Pharmacy was not available to you.

The above information should be sent to the following address:

Prescription Solutions  
ATTN: Claims Department  
Mail Stop LC07-290  
P.O. Box 6037  
Cypress, CA 90630-0037

## Vacation Supplies

The most convenient and affordable way to plan for your vacation is to take advantage of our mail service program. It is important to plan ahead, because it takes approximately 10-14 days to receive your 90-day supply. Vacation overrides are also available in certain circumstances – talk with your pharmacist about obtaining a vacation override. Our Customer Service Associates can also help you with planning for your medication needs while traveling.

## Additional Questions?

State and federal laws establish standards to assure safe and effective pharmacy services and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under this plan, or if you have a question or a concern about your pharmacy benefit, please contact Customer Service, Monday through Friday, 7:00 a.m. to 6:30 p.m. at 1-800-932-3004, or TTY 1-800-786-7387.

## Definitions

**Formulary** is a list of medications that are covered under your Prescription Drug Benefit and serves as a guide for providers in the selection of appropriate pharmaceutical therapy. Medications are classified as Generic Formulary, Brand Name Formulary or Non-Formulary.

**Outpatient Setting** is any setting other than a Medical Facility or Contracting or Non-Contracting Medical Group.

**Prescription Drugs** are Food and Drug Administration (FDA) approved drugs, which by federal or state law, require a prescription for access.

**Federal Legend Drugs:** Any medicinal substance which bears the legend: “Caution: Federal law prohibits dispensing without a prescription.”

**State Restricted Drugs:** Any medicinal substance that may be dispensed by prescription only, according to state law.

**Prescription Unit** is the maximum amount (quantity) of medication that may be dispensed per single Copayment. For most oral medications, a Prescription Unit represents a thirty (30) day supply of medication. A Prescription Unit may be set at a smaller quantity for the Member's protection and safety, as determined by the manufacturer's package insert. The Prescription Unit of other medication will represent a single container, inhaler unit, package, or course of therapy.

**Prescription Solutions®:** Prescription Drug Benefits are administered by Prescription Solutions®, a subsidiary of PacifiCare Health Systems.

## EXCLUSIONS & LIMITATIONS

While the prescription drug benefit covers most medications, there are some that are not covered. All medications within each of the following classifications will be excluded from coverage under this Supplemental Benefit:

**Administered Drugs.** Drugs or medicines delivered or administered to you by a Provider or a Provider's staff are not covered. Note: Coverage for injectable drugs is provided under the Covered Benefits of the PacifiCare Health Plan when administered during the course of a physician's office visit or self-administered after training by an appropriate health care professional. These benefits may be subject to PacifiCare's Preauthorization requirements and process.

**Compounded medications:** Any medicinal substance which has at least one ingredient that is Federal Legend or State Restricted in a therapeutic amount. All compounds are subject to PacifiCare's Preauthorization requirements and process.

**Cosmetic Drugs.** Drugs, medicines or cosmetic aids prescribed to primarily improve or otherwise modify your external appearance are not covered.

**Dietary supplements.** Vitamins, nutritional supplements, health or beauty aids, herbal supplements and/or alternative medicine are not covered.

**Drugs used for diagnostic purposes.** Not covered.

**Elective or voluntary enhancement procedures.** Services, supplies and medications, including but not limited to weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance are not covered.

**Experimental and Investigational Drugs.** There is no coverage for Experimental or Investigational Prescription Drugs. Investigational Prescription Drugs are those labeled, "Caution: Limited by federal law to investigational use." You will have to bear the full cost of these drugs. In some cases these types of drugs may be available free of charge as part of the research effort. Check with your Physician for more information. Further information about Experimental and Investigational procedures can be found in the *Individual Plan Agreement*.

**Immunizing agents and injectable drugs** (except as noted in the Covered Benefits above). Biological sera,

allergy sera, blood or blood plasma or medication prescribed for parenteral use or administration, are not covered. Some injectable drugs can be administered with the aid of a pen or a cartridge. These injectable aids are not covered.

**Infertility.** Procedures, medications or supplies for the treatment of infertility are not covered.

**Inpatient Prescription Drugs.** Medications to be taken or administered to you while you are a patient in a Medical Facility are not covered. Note: Inpatient pharmacy benefits are covered as a basic medical benefit.

**Lost, Stolen or Destroyed Medications.** Replacement of lost, stolen, or destroyed medications are not covered.

**Methadone** for the treatment of narcotic addiction or detoxification is not covered under the pharmacy benefit. See "Explanation of Benefits" Section of the *Individual Plan Agreement* for information on chemical dependency and methadone coverage criteria.

**New Procedures, Services, Supplies and Medications.** PacifiCare reserves the right to exclude new procedures, services, supplies and medications until they are reviewed for safety, efficacy and cost effectiveness and approved by PacifiCare.

**Non-Covered Medical Condition.** Prescription medication for treatment of a non-covered medical condition is not covered

**Non-Contracted Pharmacy.** Medications dispensed by a non-participating pharmacy (except for prescriptions required as a result of an Emergency or Urgently Needed Service for an acute condition) are not covered.

**Over-the-Counter Drugs.** Medications available without a prescription (over-the-counter) or for which there is a non-prescription equivalent available, even if ordered by a Physician, are not covered.

**Prescriptions Prior to or Subsequent to Coverage.** Drugs or medicines purchased and received prior to your effective date or after your coverage ends are not covered.

**Sales Tax or Surcharge.** Not covered.

**Sexual Dysfunction.** Prescription medication for the treatment of sexual dysfunction, including but not limited to erectile dysfunction, impotence, and anorgasmia or hyporgasmia is not covered.

**Smoking Cessation Aids.** Smoking Cessation Aids, including, but not limited to; nicotine gum, nicotine patches, and nicotine nasal spray, are not covered by this benefit.

**Therapeutic devices** or appliances including hypodermic needles, syringes (except insulin syringes), injectable aids, pens or cartridges, support garments or other non-medicinal items. Birth control devices, supplies or preparations that do not require a provider's prescription by law are also not covered, even if prescribed by a provider.

**Unit Dose Pre-Packaged Medications.** Not covered.

**Utilization of Drugs for Non-FDA Approved**

**Purposes.** Medications prescribed for experimental or non-FDA approved indications are not covered. Covered medications must be prescribed in a manner consistent with a specific indication in the *Drug Information for Health Care Professionals* (DIHCP) manual published by the United States Pharmacopoeia Convention, in the American Hospital Formulary Services edition of *Drug Information*, or in articles from two or more major peer-reviewed medical journals that present data supporting the proposed non-FDA approved use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented.

**Weight Loss Medications.** Services to treat obesity (excessive weight), including but not limited to prescription or non-prescription weight loss medications, weight control programs, supplies, or supplements are not covered.

**Workers' Compensation.** Medications for which the cost is recoverable under any Workers' Compensation or Occupational Disease law or any state or government agency, or medication furnished by any other drug or medical service for which no charge is made to the patient.

This schedule summarizes your PacifiCare coverage. For exact coverage terms and conditions, refer to your *Individual Plan Agreement*. The coverage described in this brochure is only for care provided by, or arranged and authorized by your Primary Care Provider or Contracting Medical Group (except in Emergencies).

NOTE: This is not a contract - This is the Schedule of Benefits and it only constitutes a summary of the health plan. The contract must be consulted to determine the exact term and condition of coverage.

For further information, call our Customer Service department at 1-800-932-3004 (TTY 1-800-786-7387) Monday through Friday, 7:00 a.m. to 9:00 p.m.

**P.O. Box 6090  
Cypress, CA 90630**

**Customer Service:  
800-932-3004  
800-786-7387 (TTY)  
[www.pacificare.com](http://www.pacificare.com)**

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