

2018 PRESCRIPTION PLAN EXCLUSIONS

Note: All exclusions related to Medical Plans are shown in the “Basic Medical Plan Exclusions” or the “Comprehensive and Extended Medical Plan Exclusions” lists.

For all Prescriptions shown in the Schedule of Prescription Benefits or Prescription Benefits sections of the Summary Plan Description, in addition to the General Limitations of this Plan, no payment will be made under any portion of this Plan for charges incurred for:

- Non-FDA approved drugs, dosage forms, strengths or indications/uses; or
- Drugs or medicines that are not for Medically Necessary care;
- Over-the-counter (OTC) drugs and drugs with OTC equivalents, other than insulin;
- Non-prescription drugs unless recommended by the Physician, reviewed by the Pharmacy Case Manager and with a Physician Prescription;
- Charges for drugs, medicines, or supplies which do not require a prescription for purchase, including but not limited to vitamins, mineral supplements, and fluoride drugs;
- Prescriptions covered under Worker's Compensation;
- Charges for the administration or injection of any drug;
- Therapeutic devices or appliances, including support garments, and other non-medical substances, regardless of intended use;
- Medication which is to be taken by or administered to a Covered Person, in whole or in part, while he or she is a patient in a licensed Hospital, rest home, sanitarium, extended care facility, convalescent Hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals to the extent such medications are already covered under the Medical Plan;
- Any prescription refilled in excess of the number specified by the Physician, or any refill dispensed after one year from the Physician's original order;
- Replacements for lost or stolen prescriptions;
- Fertility drugs;
- Special Diets;
- Vitamins (other than prenatal) and nutritional supplements;
- Immunization agents, biological sera, blood or blood plasma;
- Drugs labeled "Caution-limited by federal law to investigational use," or Experimental drugs, even though a charge is made to the Covered Person.
- Steroids for body building;
- CII, CIII, Benzodiazepine, and Hypnotics delivered or administered by the prescriber;
- CII, CIII, Benzodiazepine, and Hypnotics prescribed or dispensed by any person in your Immediate Family or any person in your Dependent's Immediate Family;
- Any prescription directing pre-natal administration or use (in-utero treatment);
- Drugs or medicines for which you or your Dependent have no financial liability or that would be provided at no charge in the absence of coverage;
- Drugs or medicines paid for or furnished by the US government or one of its agencies (except as required under Medicaid provisions of federal law);
- Drugs or medicines provided as a result of sickness or Injury due to war or an act of war or to voluntary participation in criminal activities.
- Injectables other than Insulin, Anticoagulants, Epi-pen, and specialty medications
- Compound drugs that include bulk chemicals