

Exec-U-Care Gold
Plan Description
Administered through CVS Caremark

Payment Schedule:

COVERED DRUGS/ITEMS: Wholesale price plus professional dispensing and administration fees.

Sales tax is payable if applicable.

Co-payment: None

Covered Drugs/Items:

Legend drugs. (These are drugs which, under federal law, may only be dispensed upon prescription.)

Compounded medication of which at least one ingredient is a prescription legend drug.

Insulin on prescription.

Any other drug which under the applicable state law may only be dispensed upon the written prescription of a physician or other lawful prescriber.

Legend contraceptives.

Insulin syringes/needles and/ or the following disposable testing supplies on prescription. Covered testing supplies are: test kits, sugar test tapes and tablets, acetone test tablets, chemstrip BG strips, dextrostix, lancets and chemstrip BG kits. **IF DISPENSED WITH INSULIN, SYRINGES/ NEEDLES AND/OR DISPOSABLE DIABETIC TESTING SUPPLIES, AS LISTED, MUST BE DISPENSED IN DAYS SUPPLY CORRESPONDING TO THE AMOUNT OF INSULIN TO BE DISPENSED. CLAIMS FOR INSULIN AND INSULIN SYRINGES/NEEDLES AND/OR DISPOSABLE DIABETIC TESTING SUPPLIES DISPENSED AT THE SAME TIME IN CORRESPONDING DAYS SUPPLY MUST BE SUBMITTED ON THE SAME CLAIM FORM.**

Exclusions:

Non-legend drugs other than insulin, insulin syringes/needles and disposable diabetic testing supplies as listed.

Charges for the administration or injection of any drug.

Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use.

Prescriptions that an eligible person is entitled to receive without charge, based any Worker's Compensation Laws.

Drugs labeled "Caution-limited by federal law to investigational use," or experimental drugs, even though a charge is made to the individual.

Immunization agents, biological sera, blood or blood plasma.

Medication that is being taken by or administered to an individual, 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 that operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

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.

Dispensing Limitations:

As ordered by physician but not to exceed a 90-day supply or 100 unit doses, whichever is greater.

ALL BENEFITS PROVIDED ARE SUBJECT TO THE TERMS, CONDITIONS, AND LIMITATIONS OF THE EXEC-U-CARE MEDICAL REIMBURSEMENT GROUP INSURANCE CERTIFICATE.