

BENEFITS

The Summa Insurance Company Individual Solutions Prescription Drug Rider IC provides outpatient prescription drug benefits at the following copayments for generic prescriptions received at a Participating Pharmacy:

- \$10 for up to a 30 day supply or \$30 for up to a 90 day supply at a retail pharmacy
- \$30 for up to a 90 day supply at the mail service pharmacy

Covered services include prescription drugs obtained at a Participating Pharmacy with a prescription order from a licensed physician. Policyholder must present a valid identification card at the time the prescription is dispensed. If your prescription is filled at a non-participating pharmacy, you will pay the retail cost of the prescription at the time the prescription is filled. You will be responsible for the greater of 50% of the retail cost of the prescription or the in-network copayment amount after submitting a claim form to the Summa Insurance Company. Claim forms can be obtained by calling the number on the back of this rider.

DEFINITIONS

Participating Pharmacy-A licensed pharmacy which has contracted to provide prescription drug services to policy holders of Summa Insurance Company.

Prescription Drug-Any medicinal substance that, according to the Federal Food, Drug and Cosmetics Act, must be sold in a container marked with the legend: "Caution, Federal Law Prohibits Dispensing Without Prescription;" compound prescriptions with a legend drug; insulin; insulin syringes and needles; and oral contraceptives.

Non Participating Pharmacy (Out of Network Pharmacy)- A licensed pharmacy that is not participating in the contracted pharmacy network.

Specialty Drug-An expensive prescription drug that requires special handling and storage and is not always readily available at a retail pharmacy. Specialty Drugs are used to treat chronic or genetic conditions including, but not limited to, Multiple Sclerosis, Psoriasis, Rheumatoid Arthritis, and Viral Hepatitis.

EXCLUSIONS

The following are not covered by this outpatient prescription drug rider:

1. all infertility medications, regardless of indications for use;
2. any charge for the administration of a prescription drug;
3. any drugs used for cosmetic purposes, including but not limited to products used for hair loss, excessive hair growth, skin discoloration, wrinkles, and eyelash growth;
4. any prescription dietary supplement, vitamin or preventive fluoride treatment regardless of indications for use, except for prenatal vitamins;
5. investigational drugs, which the plan administrator determines: (a) are in a testing stage or in early field trials on animals or humans; (b) do not have required final federal regulatory approval for commercial distribution for the specific indications and methods of use assessed; (c) are not generally prescribed in the course of acceptable Medical practice; or (d) have not yet been shown to be consistently effective for the diagnosis or treatment of the policy holder's condition;
6. brand name drugs;
7. charges associated with the replacement of lost, stolen, or spilled medication;
8. devices and supplies (except insulin needles and syringes) of any type, including but not limited to therapeutic devices, artificial appliances, support garments, blood glucose test meters and contraceptive devices;
9. drugs or medications which do not require a prescription (see OTC NOTE below);
10. growth hormones;
11. immunization agents, biological sera, blood or blood plasma;
12. injectable drugs that are not intended for self-administration (except medroxyprogesterone injection for contraceptive purposes);**
13. all medications indicated for weight loss;
14. total parenteral nutrition (TPN), nutritional supplements, and medical foods.**
15. phosphodiesterase inhibitors indicated for erectile dysfunction in quantities greater than 8 units per 30 days; injected and suppository prostaglandin products indicated for erectile dysfunction in quantities greater than 6 units per 30 days; any drug indicated to enhance

or increase sexual performance; and
16. compounded prescriptions comprised of ingredients for which the only FDA-approved indication is for use in bulk compounding.

This drug rider covers any drug approved by the United States Food and Drug Administration for use in the treatment of any indication provided the drug has been recognized as safe and effective for treatment of the specific type of indication in any of the following: (1) The American Medical Association drug evaluations; (2) The American Hospital Formulary Service drug information; (3) The United States Pharmacopoeia dispensing information; or (4) two articles from major peer-reviewed professional medical journals that have not had their effectiveness contradicted in another article from a major peer-reviewed professional medical journal.

**These benefits may be covered under your Individual Solutions medical benefits — they are not a part of this prescription drug rider.

OTC NOTE: Medications that do not require a prescription are excluded with the exception of over-the-counter formulations that are part of a step therapy protocol. These products are covered when a written prescription is presented to a licensed pharmacy and are indicated on the Drug Formulary and Pharmacy Benefit Guidelines.

Limitations: Certain medications may be subject to prior authorization requirements, quantity limits, or step therapy protocols. Please refer to the Drug Formulary and Pharmacy Benefit Guidelines or contact Customer Service at the number below for more information.

SPECIALTY DRUGS

Specialty Drugs are covered under this prescription drug rider when available as a GENERIC and when obtained through SummaCare's preferred specialty pharmacy and are limited to a maximum of a 30-day supply. Specialty Drugs are indicated on the Drug Formulary with an asterisk (*) and require prior authorization. Once authorized, a referral is sent to the preferred specialty pharmacy who will facilitate the delivery or pick up of the Specialty Drug.

NOTE: Specialty Drugs obtained through any other pharmacy without prior authorization are not covered by this prescription drug rider.

MAIL SERVICE PHARMACY

Some medications may not be available through the mail service pharmacy. Please refer to your mail service pharmacy brochure for more information.

SummaCare Customer Service
(330) 996-8700 or (800) 996-8701 TTD (800) 750-0750
To obtain the most recent Drug Formulary,
call Customer Service or
visit our website at www.summacare.com