



Prescription Drug Program¹
BALDWIN WALLACE COLLEGE
January 1 ,2012

1/1/2012

Benefits	Copay	Day Supply
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
Formulary Retail Program without Oral Contraceptive Coverage²		
Generic Copayment	\$10	30
Formulary Copayment	\$30	30
Non-Formulary Copayment	\$60	30
Formulary Home Delivery Program without Oral Contraceptive Coverage		
Generic Copayment	\$30	90
Formulary Copayment	\$90	90
Non-Formulary Copayment	\$180	90

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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.

¹ Includes Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.

² If the member or physician requests a brand name drug and a generic equivalent drug is manufactured, the member pays the Generic Copayment plus the difference between the brand and generic costs. If a generic drug is not manufactured, the member pays the Copayment only.