



**Prescription Drug Program
 Advantage Plan with Gap coverage
 BALDWIN WALLACE 1/1/2010**

AdvantagePlan
 from Medical Mutual of Ohio®

Benefits	Copay	Day Supply
Benefit Period	January 1 st through December 31 st	
Stage 1 – Initial Coverage Limit – Total Drug Cost accumulate up to \$2700		
Retail:		
Generics	\$8	0 – 34
	\$16	35 – 60
	\$24	61 – 90
Preferred Brand	\$42	0 – 34
	\$84	35 – 60
	\$126	61 – 90
Non – Preferred Brand	\$92	0 – 34
	\$184	35 – 60
	\$276	61 – 90
Specialty Drugs	33%	0 – 34
	33%	35 – 60
	33%	61 – 90
Mail Order:		
Generics	\$16	0 – 34
	\$16	35 – 60
	\$16	61 – 90
Preferred Brand	\$105	0 – 34
	\$105	35 – 60
	\$105	61 – 90
Non – Preferred Brand	\$230	0 – 34
	\$230	35 – 60
	\$230	61 – 90
Specialty Drugs	33%	0 – 34
	33%	35 – 60
	33%	61 – 90

Stage 2 – Donut Hole – Out of Pocket amounts accumulates up to \$4350 True Out of Pocket (TrOOP)		
Retail and Mail Order:		
Generics	\$8	0 – 34
	\$16	35 – 60
	\$24	61 – 90
Preferred Brand	\$42	0 – 34
	\$84	35 – 60
	\$126	61 – 90
Non – Preferred Brand	\$92	0 – 34
	\$184	35 – 60
	\$276	61 – 90
Specialty Drugs	33%	0 – 34
	33%	35 – 60
	33%	61 – 90
Stage 3 – Catastrophic Copay amounts after TrOOP has been met		
Retail and Mail Order:		
Generics	5% with \$2.40 min	Up to 90
Preferred Brand	5% with \$6.00 min	Up to 90
Non – Preferred Brand	5% with \$6.00 min	Up to 90
Specialty Drugs	5% with \$6.00 min	Up to 90

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.