

**GLOBAL ADVANTAGE HEALTH PLAN
SCHEDULE OF BENEFITS**

Pharmacy Benefits

Plan Type: **Prescription Drug Benefit, Reimbursement Plan**

Worldwide

PRESCRIPTION DRUG CARD¹			
BENEFIT HIGHLIGHTS	OUTSIDE U.S.	U.S. In-Network Pharmacy	U.S. Out-of-Network Pharmacy
Prescription Drugs <ul style="list-style-type: none"> • Generic² • Brand Generic Drugs are Required if Available	20% Member Coinsurance 90 Day Supply per Prescription Fill is available	20% Member Coinsurance 180 Day Supply per Prescription Fill is available	40% Member Coinsurance 180 Day Supply per Prescription Fill is available
Mail Order Drugs <ul style="list-style-type: none"> • Generic • Brand 	Contact ICS Customer Service <i>(Only Available for delivery within the U.S.)</i>	Contact ICS Customer Service <i>(Only Available for delivery within the U.S.)</i>	Contact ICS Customer Service <i>(Only Available for delivery within the U.S.)</i>
Claim Filing	<ul style="list-style-type: none"> • Pay for the prescription • Request a receipt • Submit receipt claim form for reimbursement 	<ul style="list-style-type: none"> • Pay for the prescription • Request a receipt • Submit receipt claim form for reimbursement 	<ul style="list-style-type: none"> • Pay for the prescription • Request a receipt • Submit receipt claim form for reimbursement
<p>Prescription Drugs are medications which are prescribed by a physician and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, and cold remedies, medicines, experimental or investigative drugs, or supplies, even when recommended by a physician, do not qualify as prescription drugs.</p> <ul style="list-style-type: none"> • The medical plan deductible does not apply to the pharmacy benefit. • Your Coinsurance or Co-Payment amounts for the pharmacy benefit do not accrue to your medical plan Out-of-Pocket Maximum. 			
<p>Pre-Authorization through GBG Assist is required if you have a medication that will be in excess of \$3,000 per refill, otherwise, it may not be covered under this plan.</p>			
<p>Formulary Plan – A schedule of prescription drugs approved for use by your health plan, if not otherwise excluded. A preferred list of drugs within a therapeutic class for purposes of drug purchasing, dispensing, and/ or reimbursement.</p>			
<p>Inside of the U.S. Mandatory use of Insurer's U.S. Pharmacy Network is required for Prescription Drugs obtained in the United States. The necessary U.S. prescription drug discount information is printed on the bottom front side of the Insured's Insurance Identification Card and should be presented to the Network Pharmacy when filling a prescription. The U.S. participating Pharmacy Network listing is available at www.gbg.com. Generic Brands are required, unless otherwise designated by your physician indicating it must be dispensed as written.</p>			