

Your Copayments

Omnicare provides its employees with a **3-tier pharmacy benefit**.

	Retail	Mail
Supplies up to:	30-days	90-days
Generic	\$15.00	\$0.00
Preferred*	\$30.00	\$60.00
Non-Preferred	\$50.00	\$100.00
Mail Order Only**	20% up to \$65 max	

* Refer to the PBM Plus Preferred Drug list

** Refer to "Mail Order Only" list.

These drugs are limited to a 30-day supply. The "Mail Order Only" list includes the medications specifically listed on the "Mail Order Only" list as well as the medications listed on the PBM Plus web site under "Specialty Drugs" www.pbmplus.com.

Mandatory Generic Enforcement

The cost differential between the branded product received and its generic equivalent will be added to the generic copayment when a brand drug is received that has a generic equivalent.

PBM Plus Mail Service Pharmacy

Utilizing the PBM Plus Mail Service Pharmacy provides the convenience of home delivery of your maintenance medications and also **provides significant copayment savings.**

Prescriptions are shipped daily from our location in Milford, OH. Shipping is via the United States Postal Service or United Parcel Service. Unless expedited shipping is requested by the employee, there is no charge for standard shipping.

OH. Shipping is via the United States Postal Service or United Parcel Service. Unless expedited shipping is requested by the employee, there is no charge for standard shipping.

OH. Shipping is via the United States Postal Service or United Parcel Service. Unless expedited shipping is requested by the employee, there is no charge for standard shipping.

Contact Information

Address

300 TechneCenter Drive, Suite B
Milford, OH 45150

Claims Reimbursement

Phone: 800-263-2178
Fax: 513-248-3079

ID Cards

800-263-2178

Eligibility Verification

800-263-2178

Preferred List Questions

800-263-2178

Prior Authorizations

Phone: 800-263-2178
Fax: 513-248-3079

Mail Service Pharmacy

Phone: 800-736-0403
Fax: 888-868-2854

Email

member.services@pbmplus.com

PBM Plus is the Pharmacy Benefit Management company (PBM) that administers the pharmacy benefit for Omnicare employees and their eligible dependents.



www.pbmplus.com

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Pharmacy Benefit Summary for the Employees* of Omnicare

Customer Service
800.263.2178

Mon - Fri: 8am - 11pm
Weekends: 9am - 5:30pm
Holidays: 9am - 5:30pm

www.pbmplus.com

*and their eligible dependents

Effective July 1, 2011

Your Pharmacy Benefits at a Glance

Omnicare's prescription benefit provides outpatient prescription drug benefits for employees and their eligible dependents. Covered services include prescription drugs purchased from a participating pharmacy pursuant to a prescription order from a physician or other licensed practitioner.

Employees must present a valid PBM Plus ID card at the time the prescription is dispensed. All prescriptions are limited to a maximum 30-day supply when received from a retail pharmacy.

Mail Service Prescriptions

Up to a 90-day supply of medication may be received from the mail service pharmacy. Using the mail service **provides copayment savings** and the convenience of home delivery, or delivery to any location you specify. Refills can be ordered by mail, via fax, via phone or through the Internet. Per state laws, new prescriptions can be mailed to us by the patient. New prescriptions can only be phoned or faxed to us by the office of the health care practitioner who ordered the medication; but **not by the patient**.

Quantity Restrictions

Certain medications or strengths of medications may have restrictions on the total quantity that may be received in a given period of time or for a given copayment.

Plan Limitations

Medications on the "Mail Order Only" list must be filled at the PBM Plus Mail Service Pharmacy (unless noted otherwise) and are limited to a 30-day supply. Refills can only be shipped when seven (7) days or less of the medication remains (based on the previous ship date).

Certain medications will be covered under the pharmacy benefit only after certain criteria for coverage have been established.

Step Therapy

Certain drugs are subject to step therapy before they will be covered under the Omnicare pharmacy benefit. Step therapy will apply to a list of single source brand name drugs. Before the brand name drug subject to step therapy will be covered under the pharmacy benefit, an alternative generic drug in the same therapeutic category must have been tried by the patient. The list of drugs subject to step therapy is available on the PBM Plus web site. The list has been reviewed and approved by Omnicare Clinical Services.

Pre-packaged Medications

Certain pre-packaged medications such as vials of insulin, tubes of cream or ointment, inhalers, etc., are limited to two packages per retail copayment or six packages per mail service copayment. The 30-day and 90-day limits for retail and mail service copayments also apply.

Pharmacy Network

PBM Plus maintains a network of over 59,000 pharmacies nationwide consisting of all major pharmacy chains and thousands of independents. The pharmacy benefit is **not** available through any Omnicare pharmacy. To locate a pharmacy near you, please visit our web site at www.pbmplus.com and use the *Pharmacy Locator* to find a pharmacy near you. Searching by zip code is easiest and most effective site locator.

Coverage

What is Covered

- ✓ Prescription medications unless otherwise excluded (see examples below)
- ✓ Insulin and insulin syringes
- ✓ Certain injectable medications designed for self administration by the patient
- ✓ Diabetic testing supplies (except lancets and alcohol swabs)
- ✓ Compound medications containing at least one covered ingredient (the Tier 3 copayment will apply)

What is NOT Covered

- ✗ Non-prescription medications
- ✗ Blood or plasma related products
- ✗ Injectable medications (except certain self-injectables)
- ✗ Cough and cold products
- ✗ Dietary supplements
- ✗ Devices and medical supplies
- ✗ Vaccines/Immunizations
- ✗ Fertility medications
- ✗ Medications to treat erectile dysfunction
- ✗ Products for smoking cessation
- ✗ Medications for weight loss
- ✗ Medications for cosmetic purposes
- ✗ Hair loss medications
- ✗ Experimental medications
- ✗ Branded pre-natal vitamins

Customer Service **800.263.2178**

