



SAV-RX

A Division of A&A Drug Company

224 North Park Ave. Fremont, NE 68025
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Allied Service Workers Union #1 SCE Security Trust Fund

Copay Structure

Formulary Generic Drugs: \$10

Formulary Brand Drugs: \$20

Non-Formulary Generic and Brand Drugs: 100% of the lowest contracted rate available at the time of purchase.

Quantity Limitations

Participants will be able to purchase the lesser of 100 pills or 30 days supply, or maximum as indicated on the formulary, at a retail pharmacy or through the mail order service. Medications that are not in pill form can be purchased at one unit per co-payment.

Examples of various units are:

- 1 vial of insulin per co-payment,
- 1 inhaler per co-payment,
- 1 tube of medication per co-payment, ETC...

Generic Substitution Rules

This plan mandates the use of generic drugs when available. If the participant purchases a brand name drug and a generic is available, the participant will pay the Non-Formulary co-payment of 100%.

The following is a list of medications that are not covered by this plan set up. Over-the-counter drugs, growth hormones, cosmetic drugs including Minoxidil (Rogaine) for treatment of Alopecia, injectable drugs (except for insulin), infertility drugs, medical or therapeutic devices, needles, syringes, support garments and other non-medical substances, experimental drugs, Nicotine supplements, weight loss medications or medications to suppress appetite, topical and implantable contraceptives and drugs to treat impotency.

Once a participant's enrollment in the plan is completed, he or she will receive a welcome kit in the mail including:

- **Explanatory Brochure**
- **Identification card**
- **Plan Formulary**