



This policy outlines the terms and conditions of the Prescription Drug benefits. If you have purchased any of the other options please refer to those policies for their respective terms and conditions.

PRESCRIPTION DRUG BENEFITS

If you have selected the Prescription Drug Basic Option and have submitted the required payment, Group Medical Services ("GMS") agrees to pay Prescription Drug benefits based on the following:

1. Payment, to a maximum of \$3,500 per person per Policy Year, of the charges for drugs listed in Your provincial health prescription drug services formulary plan when purchased in Your Province of Residence and when ordered in writing by a Physician. For those provinces which do not have a prescription drug services formulary plan claims will be adjudicated based on the Saskatchewan Prescription Drug Services Formulary. For each eligible prescription which is purchased, You are responsible for a \$4 charge per prescription, whether submitted using your GMS Prescription Drug Card or by manual submission to GMS.

PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS

The following limitations and exclusions apply to the Prescription Drug benefits:

1. This benefit excludes the following prescription drugs: drugs not listed in Your provincial health prescription drug services formulary; drugs for which You have been granted Exception Drug Status ("EDS"); fertility drugs; drugs intended for the Treatment of sexual dysfunction; lifestyle drugs; drugs intended for the Treatment of hair loss or to restore hair growth; experimental drugs; diet drugs; drugs used for cosmetic purposes; over-the-counter drugs; drugs used to stop smoking; vitamin products; patent medicines; blood and blood plasma; contraceptives and/or contraceptive devices; foams or gels; atomizers; vapourizers; first aid supplies; food and nutritional systems; delivery and transportation charges; and video instructional kits, informational manuals or pamphlets.
2. This benefit excludes any prescription medication for any medical condition(s) in which prescription medication has been taken in the six (6) months prior to application for coverage and/or prescription medication for which refills were authorized at the time of application.
3. Generic substitutions may be used to replace brand name prescription drugs, unless "no substitutions" is specifically indicated on the prescription by the Physician.

4. Extemporaneous compounds are subject to the following restrictions:
 - a) Eligible ingredients include Benzoin Tincture; Hydrocortisone Powder; Liquor Carbonis Detergens (LCD); Menthol; Salicylic Acid; Sulfur; Tar Distillate; Erythromycin Powder; Clindamycin Powder; and Ketoconazole Powder.
 - b) Eligible bases include Aquaphor Ointment; Dermabase; Glaxal Base; Lanolin (Anhydrous); Petrolatum Jelly; and Schering Base.
 - c) One or more of the eligible ingredients may be added to any of the listed eligible bases or any topical medication that is an eligible benefit under the Prescription Drug policy.
 - d) Compounds must contain an active ingredient in a therapeutic concentration that is an eligible drug under the Prescription Drug policy.
 - e) The following compounds are ineligible: compounds created where two eligible bases are combined; compounds for cosmetic purposes, such as baldness, dry skin or facial wrinkles; compounds that duplicate the formulation of a manufactured pharmaceutical product; and compounds that are unproven, such as drugs intended for oral use that are compounded into a topical mixture.
5. All claims for eligible prescription drugs must first be submitted to your provincial drug plan.

WAITING PERIODS

The following waiting period applies to the benefits listed in the prescription drug benefits section of the Prescription Drug Basic Option policy:

1. The effective date for Prescription drug coverage occurs after being enrolled in this optional benefit for thirty (30) days.
 - a) In situations where a person is changing from another GMS plan, waiting periods will be waived for the Prescription Drug benefits which were covered under the previous GMS plan, if the person was enrolled in that plan for at least thirty (30) days. The waiting period will not be waived if the previous GMS plan provided coverage only for in hospital drugs.
 - b) In situations where a person is transferring from another insurance carrier, waiting

periods will be waived for the Prescription Drug benefits which were covered under the previous carrier's plan, if the person was enrolled in that plan for at least thirty (30) days. Proof of previous coverage is required in order to have benefit waiting periods waived.

CLAIMS SUBMISSION

The following is the procedure for claims submission of Prescription Drug benefit expenses:

1. GMS may pay benefits under this policy to You, or in some situations GMS may pay part or all of the benefit directly to the provider of the service.
2. When purchasing a prescription, provide the pharmacist with the unique identification number for the individual who is receiving the prescription. The claim will be submitted electronically for adjudication and payment.
3. If the GMS Prescription Drug Card is not used when purchasing a prescription, submit a GMS claim form with the original receipts attached with the following information: Your name, GMS number, address and phone number, date and details of the purchase.

GENERAL CONDITIONS AND EXCLUSIONS

The general conditions and exclusions as listed in Your Health policy apply to the Prescription Drug Basic Option policy.

STATUTORY CONDITIONS

The statutory conditions as listed in Your Health policy apply to the Prescription Drug Basic Option policy.

DEFINITIONS

The definitions as listed in Your Health policy apply to the Prescription Drug Basic Option policy.