

**Rumson Board of Education
Rx Plan Summary
PD0436**

Co-Pay

Namebrand Drugs:	\$20.00
Generic Drugs:	\$10.00
Mail-Order	\$ 0 (90 Day Supply)

Dispensing Limits

34 day supply, or 100 doses, whichever is greater.

Covered Drugs

- Legend Drugs.
- Insulin.
- Disposable insulin needles/syringes.
- Disposable blood/urine glucose/acetone testing agents (e.g. Chemstrips, Clinitest tablets, Diastix Strips and Tes-Tape).
- Blood Glucose Monitors.
- Lancets.
- Tretinoin topical (e.g. Retin-A) for individuals through the age of 25 years.
- Compound Medication of which at least one ingredient is a legend drug.
- Any other drug which under the applicable state law may only be dispensed upon the written prescription of a physician or other lawful prescriber.
- Female contraceptives.

Exclusions

- Anti-wrinkle agents (e.g. Renova).
- Dermatologicals, hair growth stimulants.
- Growth Hormones
- Immunization agents, blood or blood plasma.
- Non-legend drugs other than insulin.
- Sildenafil Citrate (Viagra).
- Tretinoin topical (e.g. Retin-A) for individuals 26 years of age or older.
- Therapeutic devices or appliances, including needles, syringes, support garments, and other non-medical substances, regardless of intended use, except those listed above.
- Charges for the administration or injection of any drug.
- Drugs labeled "Caution-limited by federal law to investigational use", or experimental drugs, even though a charge is made to the individual.
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

Any questions regarding plan provisions, procedures or information on a particular claim can best be answered by calling Bollinger directly at 1-800-526-1379 (Extension 8034 or 8019).