



Patient's Signature or parent, if minor: \_\_\_\_\_ Date: \_\_\_\_\_

Items Covered by Prescription Drug Plan – Eligible Purchases:

- Prescriptions must be for legend drugs (drugs which cannot be dispensed without a prescription).
- All prescriptions must be dispensed by a licensed pharmacy.

Excluded Purchases – Not Covered Under This Plan:

- No coverage is provided for over-the-counter drugs.
- No coverage is provided for diet supplements without a prescription.
- Coverage does not include drugs administered to inpatients in any hospital.
- Coverage does not include drugs prescribed in connection with a Workers' Compensation Claim.

(3/1/2010)