AMENDMENT 2012-002
TO
PPSTA BENEFIT TRUST HEALTH AND DENTAL GROUP PLAN

BY THIS AGREEMENT, the PPSTA Benefit Trust Health and Dental Group Plan (herein called the "Plan") is hereby amended as follows, effective as of January 1, 2013.

NATURE OF AMENDMENT: To amend the Plan to clarify that if a Generic version of a contraceptive drug is not available or if a Physician determines that the Generic version is not medically appropriate for the Covered Person, no copay will apply.

1. Section **COST MANAGEMENT SERVICES, subsection Summary of Benefits** the following grid lines only will be amended to read as follows:

PRESCRIPTION DRUG BENEFITS SCHEDULE

"Prescription Drug Benefits" are generally separate from "Medical Benefits" and do not apply to the deductibles, copayments, Out-of-Pocket limits for Medical Benefits. **The Plan will follow the provision of federal Patient Protection and Affordable Care Act as it pertains to the preventive care provisions of the Plan. Contact Express Scripts Customer Service Department toll-free at 1.800.818.6632 for details. Generic Prescription Drugs covered under ACA only will be reimbursed without a copay. *No copay will apply to contraceptives if a Generic version is not available or if a Generic version is not medically appropriate for the patient as determined by the attending Physician.***	
Any one retail Pharmacy prescription or refill is limited to a 31-day supply. Any one mail order prescription or refill is limited to a 93-day supply. Some covered Prescription Drugs have a quantity limit or step therapy under the Plan. For additional information on medications that have quantity limits or step therapy, you may call the POMCO Pharmacy Clinical Department at 1.800.836.0709.	
Covered Drugs and Supplies	**Network and Out-of-Network**
Prescription Drug Benefit (Express Scripts)	**Note:** *You must pay applicable copayments. The Plan pays the balance of Allowable Fees.* Copayments per prescription: **Retail** / **Mail Order** **Generic** $10 / $20 **Brand Single Source** $35 / $70 **Brand Multi Source** $70 / $140 **Infertility Drugs** 20% / 20% **Certain Diabetic Drugs/Supplies*** $0 / $0 **Specialty** $50 / $100 Out-of-Pocket Limit on copays: $1,820 per Covered Person. * see Diabetic Program for complete list
	Benefit includes coverage for: Oral contraceptives Growth Hormone (if pre-approved) Infertility drugs (if pre-approved) Impotency drugs (limit $1,000/Calendar Year) Menopause drugs (limit $1,000/Calendar Year) Retin A (limited to Covered Persons under age 25 and for treatment of acne if pre-approved) Smoking Cessation

2. Section **MEDICAL SERVICES AND SUPPLIES, subsection Preventive Care (8)** will be amended to read as follows:

(8) Well Woman Preventive Services

- **Annual well-woman visit** for adults to obtain all recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care, as recommended by the Physician. The visit should include annual screening and counseling for interpersonal and domestic violence. Annual screening and counseling for human immune-deficiency virus (HIV) infection for all sexually active women. Annual counseling for sexually transmitted infections for all sexually active women.

  Screening for gestational diabetes (between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.

- **Breastfeeding support, supplies, and counseling.** In conjunction with each birth the Plan includes coverage for comprehensive lactation support and counseling, by a trained Provider during Pregnancy and/or in the postpartum period; and the rental (*or* purchase *if more cost effective*) of breastfeeding equipment. Coverage for related disposable supplies used with the breast feeding equipment is also covered.

- **Contraceptive management.** The Plan will cover FDA-approved contraceptive methods including injectable drugs, implantable drugs, patches, emergency contraceptives, and contraceptive devices prescribed by a professional Provider. Allowable Fees related to Physician or clinic contraceptive services, including the measuring, fitting or insertion of covered devices and the purchase of covered devices, are allowed.

  FDA-approved contraceptive patches, injectable contraceptives and contraceptive devices are covered **only** under the "Medical Benefits" section of the Plan. Allowable Charges related to Physician or clinic contraceptive services, including the measuring, fitting or insertion of covered devices and the purchase of covered devices, are covered. This is covered as a service of the professional Provider who administers them.

  FDA-approved Oral contraceptives and implantable contraceptives are covered **only** under the "Prescription Drug Benefits" section of the Plan. Emergency contraceptives *and other FDA-approved, Physician-prescribed over-the-counter methods* are covered **only** under the "Prescription Drug Benefits" section of the Plan at retail only

  Elective (female only) sterilization is covered under this benefit.

  Benefits are not provided for abortifacient drugs or any drug or device obtainable without a prescription. Male contraceptive medicines or devices are not covered, regardless of intended use.

- **Human papillomavirus (HPV) DNA testing.** High risk human papillomavirus DNA testing in women with normal cytology results.

3. Section **PLAN EXCLUSIONS (42)** will be amended to read as follows:

(42) Over-the-Counter Medications. This includes non-prescription medications, even if prescribed by a Physician, unless drugs (aspirin, folic acid, iron, and emergency contraceptives *or other Physician-prescribed FDA-approved methods of female contraceptives*) as specifically noted as mandated for coverage under the federal Patient Protection and Affordable Care Act.

4. Section **PRESCRIPTION DRUG BENEFITS, subsection Covered Prescription Drugs (2)** will be amended to read as follows:

Covered Prescription Drugs

(2) Birth control, including oral contraceptives, systemic, non-oral (NuvaRing, Ortho Evra patch), and contraceptive injections. Injectable contraceptives, Nor-Plant, and other contraceptive devices are allowed under Medical Services and Supplies of this Plan. FDA-approved contraceptives when prescribed by a Physician for females with reproductive capacity to include Generic Drug oral contraceptives, implants, and emergency contraceptives. Over-the-counter emergency contraceptives *or other over-the-counter Physician-prescribed FDA-approved methods of female contraceptives* are only covered at the retail Pharmacy. Benefits are not provided for abortifacient drugs

5. Section **PRESCRIPTION DRUG BENEFITS, subsection Expenses Not Covered (3, 6, 19, and 21)** will be amended to read as follows:

(19) **No Prescription.** A drug or medicine that can legally be bought without a written prescription. This does not apply to injectable insulin or drugs (aspirin, folic acid, iron, and emergency contraceptives (*or other Physician-prescribed FDA-approved methods of female contraceptives*) as specifically noted as mandated for coverage under the federal Patient Protection and Affordable Care Act.

(21) **Over-the-Counter Drugs,** except mega doses required due to serious medical conditions, such as diabetes or drugs (aspirin, folic acid, iron, and emergency contraceptives (*or other over-the-counter Physician-prescribed FDA-approved methods of female contraceptives*) as specifically noted as mandated for coverage under the federal Patient Protection and Affordable Care Act.

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IN WITNESS WHEREOF, this agreement has been executed on behalf of PPSTA Benefit Trust.

By_____

Title_____

Date_____