

CLIENT #	
GROUP #	

Internal Use Only

Schedule Of Benefits Prescription Drug Details

(if coverage is applicable)

PLAN A - PRESCRIPTION DRUG PLAN
PLAN AG - GENERIC PRESCRIPTION DRUG PLAN

This plan covers the cost of the following drugs:

- All drugs which by law or convention* requires a physician's or dentist's prescription
- Insulin supplies which includes needles, syringes and diagnostic tests. This excludes swabs, rubbing alcohol, lancets, control solution, etc.
- All injectibles including serums, vaccines, and injectible vitamins
- Extemporaneous compounds prepared by a pharmacist

Exclusions

- Any drug or medication which may be purchased without a prescription. This further excludes over-the-counter (O.T.C.) products whether prescribed or not.
- Fertility drugs are not covered even if prescribed for therapeutic use
- Anabolic steroids are not covered even if prescribed for therapeutic use
- Anti-Smoking agents are not covered even if prescribed for therapeutic use
- Items deemed cosmetic even if a prescription is legally required

As a further guide, the plan excludes in part:

- Vitamins (except injectible vitamins)
- Patented Medicines and G.P. Products
- First aid and surgical supplies
- Atomizers, vaporizers
- Salt and sugar substitutes
- Infant formula, dietary foods and aids
- Contact lens care products
- Diagnostic aids and laboratory tests
- Contraceptives other than oral
- Lozenges, mouthwash, toothpaste and cosmetics
- Non-medicated shampoos, skin cleansers, skin protectors, emollients and soaps
- Any benefit provided by a Government plan

NOTE: In the case of a Generic Plan, the pharmacist will only be reimbursed for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

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PLAN B - PRESCRIPTION DRUG PLAN
PLAN BG - GENERIC PRESCRIPTION DRUG PLAN

This plan covers the cost of the following drugs:

- All drugs which by law or convention* requires a physician's or dentist's prescription
- Insulin supplies which includes needles, syringes and diagnostic tests. This excludes swabs, rubbing alcohol, lancets, control solution, etc.
- All injectibles including serums, vaccines, and injectible vitamins
- Extemporaneous compounds prepared by a pharmacist
- Hematinic vitamins properly identified in the Compendium of Pharmaceuticals and Specialties
- Most commonly prescribed over-the-counter (O.T.C.) products

Exclusions

- Fertility drugs are not covered even if prescribed for therapeutic use
- Anabolic steroids are not covered even if prescribed for therapeutic use
- Anti-Smoking agents are not covered even if prescribed for therapeutic use
- Items deemed cosmetic even if a prescription is legally required

As a further guide, the plan excludes in part:

- Vitamins (except injectible vitamins)
- Patented Medicines and G.P. Products
- First aid and surgical supplies
- Atomizers, vaporizers
- Salt and sugar substitutes
- Infant formula, dietary foods and aids
- Contact lens care products
- Diagnostic aids and laboratory tests
- Contraceptives other than oral
- Lozenges, mouthwash, toothpaste and cosmetics
- Non-medicated shampoos, skin cleansers, skin protectors, emollients and soaps
- Any benefit provided by a Government plan

NOTE: In the case of a Generic Plan, the pharmacist will only be reimbursed for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

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PLAN C - PRESCRIPTION "PLUS" DRUG PLAN
PLAN CG - GENERIC PRESCRIPTION "PLUS" DRUG PLAN

This plan covers the cost of the following drugs:

- All drugs which by law or convention* requires a physician's or dentist's prescription
- Insulin supplies which includes needles, syringes and diagnostic tests. This excludes swabs, rubbing alcohol, lancets, control solution, etc.
- All injectibles including serums, vaccines, and injectible vitamins
- Extemporaneous compounds prepared by a pharmacist
- Hematinic vitamins properly identified in the Compendium of Pharmaceuticals and Specialties
- Most commonly prescribed over-the-counter (O.T.C.) products
- Most vitamins

Exclusions

- Fertility drugs are not covered even if prescribed for therapeutic use
- Anabolic steroids are not covered even if prescribed for therapeutic use
- Anti-Smoking agents are not covered even if prescribed for therapeutic use
- Items deemed cosmetic even if a prescription is legally required

As a further guide, the plan excludes in part:

- Patented Medicines and G.P. Products
- First aid and surgical supplies
- Atomizers, vaporizers
- Salt and sugar substitutes
- Infant formula, dietary foods and aids
- Contact lens care products
- Diagnostic aids and laboratory tests
- Contraceptives other than oral
- Lozenges, mouthwash, toothpaste and cosmetics
- Non-medicated shampoos, skin cleansers, skin protectors, emollients and soaps
- Any benefit provided by a Government plan

NOTE: In the case of a Generic Plan, the pharmacist will only be reimbursed for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

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PLAN COMPARISON

ClaimSecure also offers the following plan designs with inclusions and/or exclusions to the above mentioned Standard Prescription Drug Plans A, B or C.

PLAN TYPE	EQUIVALENT TO BASIC PLAN	PLAN EXCLUSIONS	PLAN INCLUSIONS
D	Plan B		Anti-Smoking Agents Fertility Drugs Lancets Steroids
E	Plan A	Convention Drugs (unless life sustaining)	Anti-Smoking Agents Fertility Drugs Lancets Steroids
F	Plan A	Convention Drugs (except all forms of nitro-glycerine)	Lancets Steroids
H	Plan A	Convention Drugs (except all forms of nitro-glycerine) Oral Contraceptives	Lancets Steroids
J	Plan A	Convention Drugs (unless life sustaining)	Anti-Smoking Agents Fertility Drugs Lancets Steroids
K	Plan A	Oral Contraceptives	Steroids
L	Plan A	Convention Drugs (unless life sustaining)	Lancets Steroids
M	Plan C		Anti-Smoking Agents Fertility Drugs Lancets Steroids
O	Equivalent to current Provincial Drug Formulary		
Q	Plan A	Convention Drugs Preventative Vaccines (including Hepatitis)	
R	Plan A	Accutane Convention Drugs (unless life sustaining) OTC Injectable Vitamins Preventative Vaccines	Hepatitis B Vaccine

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PLAN COMPARISON

PLAN TYPE	EQUIVALENT TO BASIC PLAN	PLAN EXCLUSIONS	PLAN INCLUSIONS
S	Plan A	Injectable Vitamins Preventative Vaccines (including Hepatitis)	
T	Plan A	Client Specific Managed Plan (closed) All new drugs released after April 17/95 (unless cov'd by ODB)	New generic drugs released on or after April 17/95 (if the brand name is eligible) Lancets Steroids
U	Plan A	Emollients Hematinic Vitamins Laxatives Shampoos (all) Skin Cleansers Skin Protectors Soaps	
3	None	Client Specific Managed Plan (closed) National Formulary	Only drugs listed on National Formulary
4	None	Client Specific Managed Plan (closed) Used to administer two tier co-pay (unless life sustaining)	Only drugs specified by administrator
7	Plan A	Managed Formulary (general) All new drugs released after March 1/02	New generic drugs released on or after March 1/02 (if the brand name is eligible)