Four Seasons Produce, Inc. Prescription Benefit Plan

HSA

Pharmacy Network

Your prescription benefit gives you access to a broad national network of independent and retail chain pharmacies. The network also includes Benecard Central Fill, the mail service pharmacy.

Deductible and Plan Limitations

Deductible: $2,000 individual / $4,000 family (Must be met each plan year before any copayments apply.)
Out-of-Pocket Maximum: $7,000 individual / $14,000 family per plan year

Your plan has an integrated deductible and an integrated out-of-pocket maximum, meaning both your medical and prescription expenses will count toward your deductible and out-of-pocket maximum.

Copayment and Plan Details

	Retail	Retail 90	Mail Service	Specialty
Generic	$10.00	$20.00	$20.00	$100.00
Preferred Brand	$35.00	$70.00	$70.00	$100.00
Non-Preferred Brand	$65.00	$130.00	$130.00	$100.00
Day Supply	up to 30 days	up to 90 days	up to 90 days	up to 30 days

Specialty Pharmacy: Specialty medications are limited to a 30-day supply and can be filled one time at a retail pharmacy. All subsequent fills must be obtained through Benecard Central Fill Specialty Pharmacy or an approved limited distribution pharmacy when applicable. Benecard Central Fill will assist with accessing copay assistance when available. Actual member out-of-pocket costs may vary based on available copay assistance.

Mandatory Generic: Your plan excludes brand name products and includes only generic products in the following categories: Fluoride, Vitamins Children, Vitamins Non-Prenatal, Vitamins Prenatal, Isotretinoins, MSD Oral, and Severe Allergic Reaction.

Dispense as Written: If you ask the pharmacist for a brand name product instead of its generic without a physician indicating dispense as written (DAW), you are responsible for your copayment plus the difference in cost between the brand and the generic.

Exclusions

Your prescription program covers most Medically Necessary, Federal Legend, State Restricted, and Compounded Medications that by law cannot be dispensed without a prescription. Quantity limits and dosage requirements will follow FDA guidelines in most instances.

Your program does not cover:

- Medications that don't require a prescription (even if one is written), except those covered by your plan as Preventative Care.
- Medications that are not considered medically necessary.
- Medications prescribed off label, as they are not prescribed in accordance with FDA-approved use, or medications prescribed or dispensed in a manner contrary to accepted medical practices.

- Medications not dispensed at a pharmacy and/or medications administered by a healthcare professional, including medications you receive at your doctor's office, in a hospital, clinic, or other care facility.
- Medications for which no charge is made to you, or for which the cost is recoverable under a government program, Workers' Compensation, or occupational disease law.
- Vaccines (except those covered under Preventative Care), allergy sera, biological sera, blood plasma, and charges for the administration or injection of medications.
- Drugs labeled for "Investigational Use" or as experimental.
- Claims from sanctioned or excluded providers.
- Drugs prescribed for cosmetic purposes.
- Hair loss medications.
- Infertility treatment.
- Needles, syringes, and injection devices, except with insulin.
- Erectile dysfunction drugs are covered with restrictions.
- Compounds.
- Medical supplies.
- Brand name drugs in the following categories: Fluoride, Vitamins Children, Vitamins Non-Prenatal, Vitamins Prenatal, Isotretinoins, MSD Oral, Severe Allergic Reaction.

This list is subject to change and may not contain all exclusions. Visit benecardpbf.com for more coverage information.

Additional Benefits

Preventative Care

Certain drugs and vaccines are classified as Preventative Care and covered under your prescription benefit according to current legal requirements. Depending on your plan, Preventative Care drugs and vaccines may be available to you at a $0 copayment. A valid prescription from your physician is required. Coverage requirements and items covered are subject to change.

Duplicate and Replacement ID Cards

If your ID card is lost or you need a duplicate, please contact Allied at 1-866-455-8727.

BeneCard PBF Member Services
24 hours a day, 7 days a week

1-888-907-0070 (TDD: 1-888-907-0020)
benecardpbf.com

Language Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-907-0070.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-907-0070.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码1-888-907-0070.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-888-907-0070.

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