

OUTLINE OF BENEFITS

Outpatient Prescription Drug Benefits

The benefits are administered through the use of an identification card that will be issued to the member upon enrollment. To fill a prescription, a member must present the card with a physician's prescription at a participating pharmacy and pay the applicable amount.

Payment Levels

- Level 1 ~ \$10 or less.
- Level 2 ~ \$20 or less.
- Level 3 ~ \$40 or less.
- Level 4 ~ Discount Pricing. You pay the discounted price for 30 doses or more, dependent on prescribed medication. Savings are determined by your prescription, your pharmacy and where you live. For a current listing of preferred medications and corresponding quantities for each benefit level please go to the website www.rxgoldplan.com and use the drug search button.

Pre-Existing Conditions There are no waiting periods for pre-existing conditions.

"A Trusted Plan from a Trusted Company" Founded in 1994, our PBM is a \$500 Million Dollar publicly traded, progressive pharmacy benefit management company. We provide innovative solutions that manage the high cost of prescription drugs. Our technology utilizes MAC pricing, designed to provide you with prescription drug coverage that is convenient, cost-effective and second to none.

Limitations and Eligible Medications

All medications are eligible unless noted below.

The following drugs/products are EXCLUDED from coverage for the RxGold Prescription Benefit. Products purchased from a non-participating pharmacy. Drugs or medications purchased with a prescription in excess of a 30 days supply, lawfully obtainable without a physician's prescription, whether or not in same unit dosage (i.e. over-the-counter –OTC Medications), or dispensed more than one year after the date of the prescription; experimental drugs or drugs labeled "Caution– limited by Federal Law to investigational use;" Medications consumed or administered where dispensed; refills in excess of the number authorized; charges for the administration of any drug; Oxygen (including administration); therapeutic devices or support garments. Log onto the RxGold website to confirm the most current drug coverage and/or benefits.

A Generic Drug is a medication therapeutically equivalent to a brand name drug as determined by the FDA.

A Brand Name Drug is approved by the FDA and protected by the trademark registration of the pharmaceutical company that manufactures that particular drug.

The Plan offered is a Prescription savings plan and not insurance. Plan is subject to change. The Plan may be suspended, cancelled or otherwise terminated with notice.

PRESENTED BY:

RXG/100404

The RxGold Prescription Drug Plan



**The Smart Choice
for Prescription
Drug Savings**



FACTS

- Spending on prescription drugs continues to increase at a rate of 18-20%, and the average retail brand now costs approximately \$90.
- Nearly one-half of all prescription in the U.S. are filled with generic drugs. The Food and /drug Administration (FDA) ensures that generic medications are as safe and effective as their brand name counterparts.
- Prescription drugs are the best value in health-care ~ saving lives, reducing pain and suffering, keeping people out of the hospitals and nursing homes, and reducing other forms of healthcare spending.

Finally—A Prescription Drug Benefit You Can Afford.

The **RxGold** Prescription Drug Plan is an inexpensive benefit that addresses the high cost of prescription drugs. By enrolling in this program, you will pay \$10 or less for Level 1 medications, \$20 or less or Level 2, \$40 or less for Level 3 Prescription Drugs, and for Level 4, you will receive a discounted rate. Our technology utilizes MAC pricing, designed to provide you with prescription drug coverage that is convenient, cost-effective and second to none.

Over 4,600 Prescription Drug Labels in Levels 1, 2 & 3

Plan Benefits Include

- Freedom of Choice ~ few drug exclusions (4,600 drug Labels in Level 1, 2 & 3)
- Choice of Brand or Generic name medications
- Acceptance at over 53,000 pharmacies nationwide
- Prescription screening through automated drug checker service to ensure safety and appropriateness of medications
- No deductibles
- No age limits
- Optional **Mail Order**
- Assistance in Accessing **FREE** drug Programs.
- No restrictions due to pre-existing conditions
- Friendly, toll-free, customer service

Low Monthly Fee!

Individual	Couple/ Single Parent	Family
\$19.95	\$27.95	\$34.95

Significant Savings!

Drug	Retail Price	RxGold Price	Generic
Cipro 500mg	188.39	134.26	Max \$40
Prozac 10mg	149.00	108.00	Max \$10

FAX FORM TO: 864-752-1109 or MAIL TO: 887 E. Wilmette Road
Palatine, Illinois 60074 AGENT NAME _____
AGENT.# _____

Last Name _____ MI _____ First Name _____
 SSN _____ Birth Date _____ Sex _____
 Address _____ Apt. # _____ City _____ State _____
 ZIP _____
 Day Phone _____ Evening Phone _____

Name (First, M.I., Last)	Sex	Date of Birth	Address (same)	Relation

- RxGOLD Plan Membership - **SINGLE** \$19.95 mo. _____
- RxGOLD Plan Membership - **COUPLE** \$27.95 mo. _____
OR SINGLE PARENT with one child
- RxGOLD Plan Membership - **FAMILY** \$34.95 mo. _____
- One-Time Enrollment Fee (Non Refundable) **\$15.00** _____
Total _____

Payment by Bank Draft or Credit Card (Visa/MasterCard)

Routing # _____ (9 numbers)
 Bank Account # _____ Bank Name _____
 Credit Card Number _____ / _____ / _____ / _____
 Exp. Date _____ / _____ CVV2 # _____ (back of Card)
 CC Billing name and address are same as above.(if not please Supply) _____

I understand that the RxGold Plan is **Not Insurance**. Membership includes access to Customer Service. I understand that in order to receive benefits, I must access a participating pharmacy . I also authorize RxGo Plan to deduct the periodic payments for the program selected from my account listed above.

X _____ / _____ / _____
 Signature _____ Date _____