



Employee Benefits advisor

Helping you get the most from your benefits plan.

February 2012

BROTHER'S INC. 2012 Prescription Plan-HMO

You and Your eligible Dependents are eligible for coverage, if you are a full-time Employee of the Policyholder working at least 40 hours per week and have completed 90 days of Active Service. Welldyne Rx is the claims processor for your prescription drug benefits, and can be reached at 1-888-479-2000 ext. 5, should you have questions regarding your benefits. You may also call Polly Lyons at Gallagher Benefit Services, 800-394-6111, for any assistance.

PRESCRIPTION DRUG BENEFIT

Benefit Amount:	100% of Covered Expenses after Co-payment
Maximum Payable per Plan Year:	\$100,000 per Covered Person

CO-PAYMENTS

Retail:

Generic Drugs:	\$10
Preferred Brand Name Drugs:	\$40
Non-Preferred Brand Name Drugs:	\$60

Mail Order:

Mail Service Generic Drugs:	\$20
Mail Service Preferred Brand Name Drugs:	\$80
Mail Service Non-Preferred Brand Name Drugs:	\$120

DISPENSING LIMITS and AUTHORIZED REFILLS

Limits:

Retail:	30 day supply
Mail:	90 day supply