

Employee Benefit Advisor

Helping you get the most from your benefit plans.

BROTHER'S INC. 2008 PRESCRIPTION PLAN KEYSTONE POS & PERSONAL CHOICE COVERAGE

You and Your eligible Dependents are eligible for coverage, if you are a full-time Employee of Brothers Inc. working at least 40 hours per week and have completed 90 days of Active Service. MedImpact is the claims processor for your prescription drug benefits, and can be reached at 1-800-788-2949 should you have questions regarding your benefits.

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:	\$5
Preferred Brand Name Drugs:	\$15
Non-Preferred Brand Name Drugs:	\$25

Mail Order:

Mail Service Generic Drugs:	\$10
Mail Service Preferred Brand Name Drugs:	\$30
Mail Service Non-Preferred Brand Name Drugs:	\$50

DISPENSING LIMITS and AUTHORIZED REFILLS

Limits:

Retail:	30 day supply
Mail:	90 day supply

