

1 B. Only products identified on the MSN formulary shall be reimbursed. Products available over
2 the counter shall not be reimbursed, including those products for which the prescribed dosage can be
3 achieved through an increased dosage of an over the counter medication.

4 C. Unless otherwise directed by ADMINISTRATOR, all pharmacy claims shall be submitted
5 electronically to COUNTY's Pharmacy Benefits Manager.

6 D. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
7 Payments for Outpatient Pharmacy Services Paragraph of this Exhibit B to the Agreement.

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9 **VIII. SATISFACTION OF CLAIMS**

10 A. Acceptance by CONTRACTOR of payments made by Intermediary in accordance with this
11 Agreement shall be deemed satisfaction in full of any COUNTY obligation to CONTRACTOR with
12 respect to those claims for Hospital Services for which payment has been made by COUNTY,
13 notwithstanding CONTRACTOR's right to appeal any denied claim, as provided for in Paragraph IV. of
14 this Exhibit B to the Agreement and CONTRACTOR's right to pursue co-payments due from MSN
15 Patients.

16 B. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
17 Satisfaction of Claims Paragraph of this Exhibit B to the Agreement.

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