

## Section 5(f). Prescription drug benefits

### *Important things you should keep in mind about these benefits:*

- We cover prescribed drugs and medications, as described in the chart beginning on the next page.
- Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are medically necessary.
- Members must make sure their physicians obtain prior approval/authorization for certain prescription drugs and supplies before coverage applies. Prior approval/authorizations must be renewed periodically.
- Federal law prevents the pharmacy from accepting unused medications
- Be sure to read Section 4, *Your costs for covered services*, for valuable information about how cost-sharing works. Also read Section 9 about coordinating benefits with other coverage, including with Medicare.

### **There are important features you should be aware of. These include:**

- **Who can write your prescription** – A licensed physician, dentist, or licensed practitioner (as allowed by law) and in states allowing it, a licensed or certified Physician Assistant, Nurse Practitioner and Psychologist must prescribe your medication.
- **Where you can obtain them** - You must fill the prescription at a plan pharmacy. Certain maintenance prescriptions can be mailed to your home according to Food and Drug Administration Guidelines and from the UHS Polk Street Pharmacy. Contact the UHS Pharmacy at 312-423-4260 to make arrangements.
- **We use a formulary** – Drugs are prescribed by licensed doctors and covered in accordance with the Plan's drug formulary. The Plan's formulary does not exclude medications from coverage, but requires a higher copayment for non-preferred drugs. We continually review new and existing medications to ensure the formulary remains responsive to the needs of our members and health professionals. Criteria used to evaluate drug selection for the formulary includes, but is not limited to: safety, efficacy and cost-effectiveness data, as well as a comparison of relevant benefits of similar prescription or over-the counter (OTC) agents while minimizing potential duplications.
- **There are dispensing limitations** – Prescription drugs will be dispensed for up to a 90-day supply for Tier I, II, and III. An additional co-pay applies for each increment of 30 days (i.e. 30 days = single co-pay, 60 days = double co-pay and 90 days = 2.5 ratio). In addition, there is a co-pay applied to each unit of commercially prepared medications (i.e. one inhaler, one vial of ophthalmic drops or insulin, etc.)
- **A generic equivalent will be dispensed if it is available** – The physician must write "dispense as written" on the prescription for you to receive a brand name drug. When brand name drugs are requested and a generic is available, you must pay the difference between the brand name and generic cost plus any applicable brand copay, unless the physician writes "dispense as written" on the prescription.
- **Preferred drug** - Preferred prescription drugs are drugs that are effective for treating specific condition and are more cost-effective than equivalent non-preferred drugs. Often there is a choice of medications you can take for the same condition. One or more of these medications may be a preferred drug under this plan.
- **Non-preferred drug** - Non-preferred drugs are drugs that are less cost-effective than preferred drugs, but not more therapeutically effective than preferred brand name or generic drugs. Non-preferred drugs require a higher co-payment. Depending on your personal health care needs, there may be times when non-preferred drugs are right for you. In these situations, you will need to pay the non-preferred co-payment.
- **Specialty drug** - Specialty drugs are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy.
- **Why use generic drugs?** Generic drugs are lower-priced drugs in which the therapeutic ingredient is chemically equivalent to more expensive brand-name drugs. They must contain the same active ingredients and must be equivalent in strength and dosage to the original brand-name product. Generics cost less than the equivalent brand-name product. The U. S. Food and Drug Administration sets quality standards for generic drugs to ensure that these drugs meet the same standards of quality and strength as brand-name drugs.

- **When you do have to file a claim.** You will not have to file a claim unless you receive covered prescription drugs during an out of area emergency. See Section 7 for information on how to file your claim

Benefit Description	You pay
<b>Covered medications and supplies</b>	<b>High Option</b>
<p>We cover the following medications and supplies prescribed by a Plan physician and obtained from a Plan pharmacy or through our mail order program:</p> <ul style="list-style-type: none"> <li>• Drugs and medicines that by Federal law of the United States require a physician’s prescription for their purchase, except those listed as <i>Not covered</i>.</li> <li>• Insulin</li> <li>• Disposable needles and syringes for the administration of covered medications</li> <li>• Drugs for sexual dysfunction when medically necessary (contact the Plan pharmacy for limits)</li> <li>• Fertility drugs are covered under infertility benefits see Section 5 (a) Infertility services</li> <li>• Intravenous fluids and medication for home use, implantable drugs, and some injectible drugs are covered see Section 5 (a).</li> <li>• Growth hormone therapy (GHT)</li> </ul> <p>Note: – We only cover GHT when we preauthorize the treatment. We will ask you to submit information that establishes that the GHT is medically necessary. Ask us to authorize GHT before you begin treatment; otherwise, we will only cover GHT services from the date you submit the information. If you do not ask or if we determine GHT is not medically necessary, we will not cover the GHT or related services and supplies. See <i>Other Services under You need prior Plan approval for certain services</i> in Section 3.</p>	<p><u>30-day supply</u></p> <p>Tier I - Generic \$10</p> <p>Tier II - Preferred \$35</p> <p>Tier III - Non-Preferred \$60</p> <p>Tier IV - Specialty 20% of payment up to \$2,500 per member per year</p> <p><u>90-day supply</u></p> <p>Tier I - Generic \$25</p> <p>Tier II - Non-Preferred \$87.50</p> <p>Tier III - Non-Preferred \$150</p>
Women's contraceptive drugs and devices	Nothing
<p><i>Not covered:</i></p> <ul style="list-style-type: none"> <li>• <i>Drugs and supplies for cosmetic purposes</i></li> <li>• <i>Drugs to enhance athletic performance</i></li> <li>• <i>Fertility drugs not mandated by the State of Illinois</i></li> <li>• <i>Drugs obtained at a non-Plan pharmacy; except for out-of-area emergencies</i></li> <li>• <i>Vitamins, nutrients and food supplements even if a physician prescribes or administers them (except Vitamin D when prescribed for adults 65 and older)</i></li> <li>• <i>Drugs available without a prescription or for which there is a nonprescription equivalent available</i></li> </ul>	<i>All Charges</i>