Union Health Service, Inc.
not too big to care

Your Cost

When your covered prescriptions are filled under this program, you share a portion of the cost; the plan pays for the rest. Your costs for the program are as follows:

Up to 30-day supply	Generic	$ 1.00*
	Brand	$ 8.00*
31 to 60-day supply	Generic	$ 2.00*
	Brand	$16.00*
61 to 90-day supply	Generic	$ 2.50*
	Brand	$20.00*

Covered Insulins: One brand co-pay ($8.00) per manufacturers unit (i.e. one vial, one flexpen) regardless of day supply.

*For drugs covered by the Union Health Service Formulary. For drugs not covered by the Union Health Service Formulary, you will pay 40% of the co-pay based on a discounted amount (the plan pays 60%). If the drug is not covered under the plan, it will be excluded. It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. When you use a participating retail pharmacy, you will receive generic substitutes whenever possible and allowable. Under your benefit plan, whenever a brand-name drug is dispensed when a generic substitute is available and allowable, **you will be responsible for the brand co-payment plus the difference between the brand and generic price of each drug.**

Covered Drugs

For a list of covered medications, refer to the 2015 Formulary Reference Guide.

Drugs Not Covered

- Infertility Drugs
- Non-insulin injectables
- Over-the-counter (OTC) items