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 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 copay applies for each increment of 30 days (i.e. 30 days = single copay, 60 days = double copay and 90 days = 2.5 ratio). In addition, there is a copay 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**, unless your physician specifically requires a name brand. If you receive a name brand drug when a Federally-approved generic drug is available, and your physician has not specified Dispense as Written for the name brand drug, you have to pay the difference in cost between the name brand drug and the generic.

- **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.

- **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 copayment. 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 copayment.

- **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.

- **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.
### Covered medications and supplies

We cover the following medications and supplies prescribed by a Plan physician and obtained from a Plan pharmacy or through our mail order program:

- Drugs and medicines that by Federal law of the United States require a physician’s prescription for their purchase, except those listed as *Not covered*.
- Insulin
- Diabetic supplies limited to:
  - Disposable needles and syringes for the administration of covered medications
- Drugs for sexual dysfunction when medically necessary (contact the Plan pharmacy for limits)
- Self-administered injectable drugs
- Oral fertility drugs
- Intravenous fluids and medication for home use, implantable drugs, and some injectible drugs are covered see Section 5 (a) Home Health
- Growth hormone therapy (GHT)

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 *Other Services under You need prior Plan approval for certain services in Section 3.*

### Preventive care medications

Medications to promote better health as recommended by ACA.

The following drugs and supplements are covered without cost-share, even if over-the-counter, are prescribed by a health care professional and filled at a network pharmacy.

- Aspirin (81 mg) for men age 45-79 and women age 55-79 and women of childbearing age
- Folic acid supplements for women of childbearing age 400 & 800 mcg
- Liquid iron supplements (prescription) for children age 6 months-1 year
- Vitamin D supplements (prescription strength) (400 & 1000 units) for members 65 or older
- Fluoride tablets, solution (not toothpaste, rinses) for children age 0-6
- Pre-authorized Statin Drugs for adults aged 40 to 75 years with no history of cardiovascular disease (CVD), 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater

Note: Preventive Medications with a USPSTF recommendation of A or B are covered without cost-share when prescribed by a health care professional and filled by a network pharmacy. These may include some over-the counter vitamins, nicotine replacement medications, and low dose aspirin for certain patients. For current recommendations go to [www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations](http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations)

### You pay

#### High Option

<table>
<thead>
<tr>
<th>30-day supply</th>
<th>Tier I - Generic $15</th>
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<tbody>
<tr>
<td>Tier II - Preferred $45</td>
<td></td>
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<tr>
<td>Tier III - Non-Preferred $80</td>
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<tr>
<td>Tier IV - Specialty 20% of payment up to $2,500 per member per year</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>90-day supply</th>
<th>Tier I - Generic $40</th>
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<tbody>
<tr>
<td>Tier II - Non-Preferred $112.50</td>
<td></td>
</tr>
<tr>
<td>Tier III - Non-Preferred $200</td>
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</tbody>
</table>

Women's contraceptive drugs and devices | Nothing

Preventive care medications | Nothing
<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not covered:</strong></td>
<td><strong>High Option</strong></td>
</tr>
<tr>
<td></td>
<td>All charges</td>
</tr>
<tr>
<td>• Drugs and supplies for cosmetic purposes</td>
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<tr>
<td>• Drugs to enhance athletic performance</td>
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<tr>
<td>• Fertility drugs not mandated by the State of Illinois</td>
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<tr>
<td>• Drugs obtained at a non-Plan pharmacy; except for out-of-area emergencies</td>
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<tr>
<td>• Vitamins, nutrients and food supplements not listed as a covered benefit even if a physician prescribes or administers them.</td>
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<tr>
<td>• Drugs available without a prescription or for which there is a nonprescription equivalent available</td>
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</tr>
<tr>
<td>• Nonprescription medications</td>
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Note: Over-the-counter and prescription drugs approved by the FDA to treat tobacco dependence are covered under the Tobacco cessation benefit. (See Section 5(a). Educational classes and Programs |