

Rx Member Cost-Sharing	\$0 /\$0 /\$0 /\$0 after Deductible
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When you use a pharmacy that participates in the UPMC Health Plan pharmacy network, you will receive coverage for your prescription medications for the amounts outlined in your Prescription Medication Schedule of Benefits. A formulary is the list of medications that are covered by your plan. The most commonly prescribed medications are listed in the booklet, which can be found at www.upmchealthplan.com/pharmacy.

The capitalized terms in this Schedule of Benefits mean the same as they do in your Certificate of Coverage. If there is a difference between the coverage outlined in this Schedule of Benefits and the coverage outlined in your Certificate of Coverage, or other supporting documents such as the formulary, the terms in this Schedule of Benefits control.

Read this chart to learn about your member cost-sharing and other important information about benefit limits for your prescription medications.

Dispensing Channel	Member Cost-Sharing	Day Supply Limits
Retail Participating Pharmacy: (31 to 60-day supply prescriptions available for two Copayments or Coinsurance listed below, 61 to 90-day supply prescriptions available for three Copayments or Coinsurance listed below. Prescriptions for certain antibiotics, controlled substances (DEA Class II, III and IV), and Specialty medications may be limited to a 30-day maximum supply.)		
Tier 1: Preferred Generic Medications	You pay \$0 Copayment after Deductible for preferred generic medications.	1-30
Tier 2: Preferred Brand Medications and Generic Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for preferred brand medications and generic medications (brand and generic).	1-30
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for nonpreferred medications (brand and generic).	1-30
Tier 4: Specialty Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for specialty medications (brand and generic).	1-30
Tier 5: Preventive Medications	You pay \$0 Copayment for preventive medications.	1-30
Mail-Order Pharmacy: (Prescriptions for certain antibiotics, controlled substances (DEA Class II, III and IV), and Specialty medications may be limited to a 30-day maximum supply.)		
Tier 1: Preferred Generic Medications	You pay \$0 Copayment after Deductible for preferred generic medications.	1-30
Tier 1: Preferred Generic Medications	You pay \$0 Copayment after Deductible for preferred generic medications.	31-90
Tier 2: Preferred Brand Medications and Generic Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for preferred brand medications and generic medications (brand and generic).	1-30

Dispensing Channel	Member Cost-Sharing	Day Supply Limits
Tier 2: Preferred Brand Medications and Generic Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for preferred brand medications and generic medications (brand and generic).	31-90
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for nonpreferred medications (brand and generic).	1-30
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for nonpreferred medications (brand and generic).	31-90
Tier 5: Preventive Medications	You pay \$0 Copayment for preventive medications.	1-30
Tier 5: Preventive Medications	You pay \$0 Copayment for preventive medications.	31-90
Specialty Pharmacy: <ul style="list-style-type: none"> • Not all specialty medications can be filled at a retail pharmacy; they may be restricted to certain specialty pharmacies, such as Accredo or Chartwell. • Certain oral chemotherapy medications will be limited to a 15-day supply for up to two months of the prescription. When you receive a 15-day supply of an oral chemotherapy medication, your Copayment amount will be equally divided between each of the prescriptions. • Specialty medications may be limited to a 30-day supply. If packaging or dosing results in a day supply of 31-60 days, you will be responsible for two Copayments. When the day supply is greater than 61 days, you will be responsible for three Copayments. • Please refer to your formulary brochure or call UPMC Health Plan for additional details. 		
Tier 4: Specialty Medications (Brand and Generic)	You pay \$0 Copayment after Deductible for specialty medications (brand and generic).	1-30

Other Cost-Sharing Terms Under Your Plan	
Deductible	
Individual Coverage	Refer to your medical Schedule of Benefits for details.
Family Coverage	Refer to your medical Schedule of Benefits for details.

Other Cost-Sharing Terms Under Your Plan	
<p>Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first:</p> <ul style="list-style-type: none"> • When an individual within a family reaches his or her individual Deductible. At this point, only that person on the policy is considered to have met the Deductible; OR • When a combination of family members’ expenses reaches the family Deductible. At this point, all covered family members are considered to have met the Deductible. 	
<p>Your pharmacy coverage is subject to your medical Deductible.</p>	
Out-of-Pocket Limits	
Individual Coverage	Refer to your medical Schedule of Benefits for details.
Family Coverage	Refer to your medical Schedule of Benefits for details.
<p>Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways-whichever comes first:</p> <ul style="list-style-type: none"> • When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR • When a combination of family members’ expenses reaches the Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and will have Covered Services paid at 100% for the remainder of the Benefit Period. 	
Important Cost-Sharing Notes	
<p>Pharmacy cost-shares apply to your medical plan Out-of-Pocket Limit. Claims are covered at 100% for the remainder of the Benefit Period when the Out-of-Pocket Limit is satisfied.</p>	
<p>If the pharmacy charges less than the Copayment for the prescription, you will be charged the lesser amount.</p>	
<p>Refill limit: You must use 75% of your medication before you can obtain a refill.</p>	

Retail Pharmacy Network

UPMC Health Plan provides a broad retail pharmacy network that includes:

- National chain pharmacies, including CVS, Giant, Giant Eagle, Rite Aid, Walmart, and Wegman’s.
- An extensive network of independent pharmacies and several regional chain pharmacies.

You can go to a retail pharmacy to get most short-term medications, including medications for illnesses such as a cold, the flu, or strep throat. If you use a participating retail pharmacy, the pharmacy will bill UPMC Health Plan directly for your prescription and will ask you to pay any applicable Copayment, Deductible, or Coinsurance. Remember, UPMC Health Plan may cover prescription medications obtained from a non-participating pharmacy. If you fill a prescription at a non-participating pharmacy and wish to seek reimbursement, please see your formulary book for more information. To locate a participating pharmacy near you, contact the Member Services Department at the phone number on your member identification card, or visit www.upmchealthplan.com.

How to Use Participating Retail Pharmacies

- Take your prescription to a participating retail pharmacy or have your provider submit your prescription by phone, fax, or electronically.

- Present your member ID card at the pharmacy.
- Verify that your pharmacist has accurate information about you and your covered dependents (including your date of birth).
- Pay the required Copayment or other cost-sharing amount for your prescription.
- Sign for and receive your prescription.

Obtaining a Refill from a Retail Pharmacy

You may purchase up to a 30-day supply of a prescription medication through a participating pharmacy for one Copayment or the Coinsurance amount set forth herein, a 31 to 60-day supply for two Copayments or the applicable Coinsurance amount, or a 90-day supply for three Copayments or the applicable Coinsurance amount. If your provider authorizes a prescription refill, simply bring the prescription bottle or package to the pharmacy or call the pharmacy to obtain your refill.

Remember, UPMC Health Plan will not cover refills until you have used 75% of your medication. Please wait until that time to request a refill of your prescription medications. These refill guidelines also apply to refills for medications that are lost, stolen, or destroyed. Replacements for lost, stolen, or destroyed prescriptions will not be covered unless and until you would have met the 75% usage requirement set forth above had the prescription not been lost, stolen, or destroyed.

Mail-Order Pharmacy Services

Maintenance Medications:

- Maintenance medications through the Express Scripts mail-order pharmacy at 1-877-787-6279. Your prescription drug program allows you to receive 90-day supplies for most prescriptions from the Express Scripts mail-order pharmacy. Certain Specialty medications may be limited to a one-month supply and will generally be dispensed from Accredo Specialty pharmacy or Chartwell Specialty pharmacy. Some common injectable medications may be available at your local retail pharmacy; however, other Specialty injectables are available only through Accredo or Chartwell and may be subject to a one-month supply dispensing limit.
- If your provider or pharmacist determines that a partial fill or refill of a maintenance medication is in your best interests for purposes of medication synchronization, you can receive the partial fill or refill and your cost-sharing will be prorated based on the number of day's supply you receive. If you require more than three fills or refills, you must obtain prior authorization from UPMC Health Plan.

Specialty Medications:

- You and your doctor can continue to order new prescriptions or refills for Specialty and injectable medications by contacting a Specialty pharmacy. Accredo can be reached by calling 1-800-803-2523. Accredo is available Monday through Friday from 8 a.m. to 11 p.m. and Saturday from 8 a.m. to 5 p.m. TTY users should call 711. Chartwell can be reached by calling 1-800-366-6020. Chartwell is available Monday through Friday from 8 a.m. to 5:30 p.m.

When using the mail-order or Specialty pharmacy service, you must pay your Copayment or other cost-sharing amount before receiving your medicine through the mail. The Copayment or Coinsurance amount applies to each original prescription or refill (brand or generic).

Certain oral chemotherapy medication prescriptions are limited to a 15-day supply for up to two months of the prescription. The Specialty pharmacy will work with you and your provider before processing each 15-day supply to verify that you are continuing with the treatment.

How to Use the Mail-Order Service

By Mail:

- Complete the instructions on the mail-order form. A return envelope is attached to the order form for your convenience.
- Mail the completed order form with your refill slip or new prescription and your payment (check, money order, or credit card information) to Express Scripts. All major credit cards and debit cards are accepted.

By Telephone:

- Contact mail-order customer service at 1-877-787-6279. The Express Scripts Inc., Customer Service Center is available 24 hours a day, seven days a week. The automated phone service is also available 24 hours a day, seven days a week. TTY users should call 1-800-899-2114.

By Internet:

- You can access the Express Scripts website by logging in to UPMC Health Plan MyHealth OnLine at www.upmchealthplan.com. Select Log In/Register and select “Member” from the drop-down menu. Enter your user ID on the homepage in the Log In/Register box and select Login. If you have not yet registered for your MyHealth OnLine account before, you can sign up for a personal, secure user ID and password by selecting Register in the Log In/Register box. Instructions for signing up and accessing MyHealth OnLine are available on this page.
- Once you have successfully signed in, select “Pharmacy and Prescriptions” under the “Your Care and Treatment” heading. Scroll down to the “Explore Home Delivery” option and select “Sign Up Now”. You will be directed to the secure Express Scripts website; follow the instructions provided on the Express Scripts website to complete the process.

If you need to refill your long-term medication, you can order your refill by phone, mail, or the Internet as set forth in the following table. Be sure to order your refill two to three weeks before you finish your current prescription. If you have questions regarding the mail-order service, contact the Member Services Department at the phone number on your ID card or call Express Scripts at 1-877-787-6279. TTY users should call 1-800-899-2114.

Refills by Phone	Refills by Mail	Refills by Internet
<ul style="list-style-type: none"> • Use a touch-tone phone to order your prescription refill or inquire about the status of your order at 1-877-787-6279. • The customer service center and automated phone service is available 24 hours per day, seven days a week. • When you call, provide the member identification code, birthdate, prescription number, your credit card number (including expiration date), and your phone number. 	<ul style="list-style-type: none"> • Attach the refill label (you receive this label with every order) to your mail-order form. • Pay your appropriate Copayment or other cost-sharing amount via check, money order, or credit card. • Mail the form and your payment in the pre-addressed envelope. 	<ul style="list-style-type: none"> • Go to UPMC Health Plan at www.upmchealthplan.com and log into MyHealth OnLine and see the instructions above, under “By Internet.”

The Your Choice Formulary

Your Choice: The Your Choice formulary is a five-tier formulary consisting of a Preferred Generic Medication tier (Tier 1), a Preferred Brand Medication and Generic Medication tier (Tier 2), a Nonpreferred Brand Medication tier (Tier 3), a Specialty Medication tier (Tier 4), and a \$0 Preventive Medication tier (Tier 5). Tier names describe the most common type(s) of medication (such as brand and generics) within that tier.

Brand and generic medications on the Preferred Brand Medication and Generic Medication tier are available to you at a lower cost-share than nonpreferred medications. Formulary high-cost medications such as biologicals are covered on the Specialty tier, which may have stricter days'-supply limitations than the other tiers. The \$0 Preventive Medication tier includes some preventive medications covered at no cost-share when you meet certain criteria in accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA). Some medications may be subject to utilization management criteria, including, but not limited to, Prior Authorization, Quantity Limits, or Step Therapy. Selected medications are not covered by this formulary.

Prior Authorization

Some medications may require that your provider consult with UPMC Health Plan's Pharmacy Services Department before they prescribe the medication for you. Pharmacy Services must authorize coverage of those medications before you fill the prescription at the pharmacy. Please see your formulary book for a listing of medications that require Prior Authorization.

Step Therapy

Step Therapy is the practice of using specific medications first when beginning drug therapy for a medical condition. The preferred course of treatment may be generic medications, preferred brand medications, or drugs that are considered as the standard first-line treatment. Please see your formulary book for a listing of medications that require Step Therapy.

Quantity Limits

UPMC Health Plan has established Quantity Limits on certain medications to comply with the recommended dose established by the Food and Drug Administration (FDA), clinical literature, and manufacturer's instructions. These limits encourage appropriate prescribing and use of these medications.

Additional Coverage Information

Your pharmacy benefit plan may cover additional medications and supplies and may exclude medications that are otherwise listed on your formulary. Your benefit plan may also include specific cost-sharing provisions for certain types of medications or may offer special deductions in cost-sharing for participating in certain health management programs. Restrictions in drug availability may result from the use of a formulary. Please read this section carefully to determine additional coverage information specific to your benefit plan.

- **Your pharmacy benefit plan includes coverage for contraceptives.**
- **Your pharmacy benefit plan does not include coverage to treat sexual dysfunction.**
- **Your pharmacy benefit plan includes coverage for some preventive medications at no cost-share when you meet certain criteria in accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA).**
- **Your pharmacy benefit plan includes special cost-sharing provisions for diabetic supplies:**
 - Each individual item in a group of diabetic supplies, including, but not limited to, insulin, injection aids, needles, and syringes, is subject to a separate Copayment

- **Your pharmacy benefit plan has special cost-sharing provisions when you choose brand-name medications instead of generic medications:**
 - **According to your formulary, generic medications will be substituted for all brand-name medications that have a generic version available.**
 - **If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication.**

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products: UPMC Health Network, Inc., UPMC Health Options, Inc., UPMC Health Coverage, Inc., and/or UPMC Health Plan, Inc.

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