According to this prescription drug program, you may receive coverage for prescription drugs in the amounts specified in your rider when you fill your prescription at a UPMC Health Plan Participating Pharmacy. To be eligible for benefits, you must purchase your outpatient prescription drugs from a Participating Pharmacy or through the mail-order program.

All capitalized terms in this Rider have the same meaning as in your Certificate of Coverage. If the terms of this Rider conflict with your Certificate of Coverage, the terms of this Rider control. The following chart shows the Copayments and other benefit limitations that apply to your prescription drug program.

<table>
<thead>
<tr>
<th>Dispensing Channel</th>
<th>Member Cost-Sharing</th>
<th>Day Supply Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail Participating Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>You pay $16 Copayment after Deductible for generic drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>You pay $40 Copayment after Deductible for preferred drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>You pay $80 Copayment after Deductible for non-preferred drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td>Specialty Medications</td>
<td>You pay $90 Copayment after Deductible for specialty drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td><strong>Mail-Order</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>You pay $16 Copayment after Deductible for generic drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td>Generic</td>
<td>You pay $32 Copayment after Deductible for generic drugs.</td>
<td>31-90</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>You pay $40 Copayment after Deductible for preferred drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>You pay $80 Copayment after Deductible for preferred drugs.</td>
<td>31-90</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>You pay $80 Copayment after Deductible for non-preferred drugs.</td>
<td>1-30</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>You pay $160 Copayment after Deductible for non-preferred drugs.</td>
<td>31-90</td>
</tr>
</tbody>
</table>
Dispensing Channel | Member Cost-Sharing | Day Supply Limits
--- | --- | ---
Specialty Medications (Not all specialty medications can be filled at a retail pharmacy; they may be restricted to a contracted specialty pharmacy. Please refer to your formulary brochure or call UPMC Health Plan for additional details.)
Brand or Generic | You pay $90 Copayment after Deductible for specialty drugs. | 1-30
Deductible
Individual Coverage | Please refer to your medical Schedule of Benefits for details. | |
Family Coverage | Please refer to your medical Schedule of Benefits for details. | |
Your plan has an aggregate Deductible, which means that for family coverage, the entire family Deductible must be met by one or a combination of the covered family members before Covered Services are paid for any member on the plan.
Your pharmacy coverage is subject to your medical plan Deductible.
Out-of-Pocket Limits
Individual Coverage | Please refer to your medical Schedule of Benefits for details. | |
Family Coverage | Please refer to your medical Schedule of Benefits for details. | |
Your plan has an aggregate Out-of-Pocket Limit, which means that for family coverage, the entire family Out-of-Pocket must be met by one or a combination of the covered family members before the plan pays at 100% for Covered Services for the remainder of the Benefit Period.
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.
If the pharmacy charges less than the Copayment for the prescription, you will be charged the lesser amount.
Refill limit: You must use 75% of your medication before you can obtain a refill.

Retail Pharmacy Network

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

- National chain pharmacies, including CVS, Giant Eagle, Kmart, Rite Aid, Sam’s Club, Target, and Walmart.
- An extensive network of independent pharmacies and several regional chain pharmacies.
- An extensive network of independent pharmacies such as University Pharmacy and Falk Clinic Pharmacy along with several regional chain pharmacies.

Generally, you can go to a retail pharmacy to get 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 does not cover prescription drugs obtained from a Non-Participating Pharmacy. To locate a Participating Pharmacy near you, contact the Member Services Department at 1-888-499-6885, or visit www.upmchealthplan.com.

How to Use Participating Retail Pharmacies

- Take your prescription to a participating retail pharmacy or have your physician call in the prescription.
- Present your 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 one-month supply of a prescription drug through a Participating Pharmacy for one Copayment, or a 90-day supply for three Copayments. If your physician 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 drug. These refill guidelines also apply to refills for drugs 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:

- Generally, you can get long-term 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 only from Accredo specialty pharmacy. (Some common injectable medications may be available at your local retail pharmacy; however, other specialty injectables are available only through Accredo and may be subject to a one-month supply dispensing limit.)

Specialty Medications:

- You and your doctor can continue to order new prescriptions or refills for specialty and injectable medications by calling 1-888-773-7376. Accredo is available Monday through Friday from 8 a.m. to 9 p.m. and Saturday from 9 a.m. to 1 p.m. to assist you. TTY users should call 1-800-955-8770.

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 applies to each original prescription or refill (name-brand or generic).

You may also obtain 90-day supplies for most prescriptions at the University Pharmacy by calling 412-383-1850 or Falk Clinic Pharmacy by calling 412-623-6222.

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 to assist you. 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. You may enter your user ID on the homepage in the member log-in box. If you have not accessed MyHealth Online before, sign up for a personal, secure user ID and password by selecting “New user registration” in the member log-in box. Instructions for signing up and accessing MyHealth Online are available on this page.

- Once you have successfully signed in, under the “Smart Healthcare” section, select the “Prescriptions” box. You can then scroll down to the “Order mail delivery for prescriptions” option, expand the menu, and choose the “Learn how to set up a new mail-order prescription with Express Scripts” or “Refill an existing mail-order prescription”. You will then be directed to the secure Express Scripts website; follow the instructions provided on their website to complete the process.

If you need your long-term medication refilled, 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 1-888-499-6885 or call Express Scripts at 1-877-787-6279. TTY users should call 1-800-899-2114.
Refills by Phone

- Use a touch-tone phone to order your prescription refill or inquire about the status of your order at 1-877-787-6279.
- The automated phone service is available 24 hours per day.
- When you call, provide the member identification code, birth date, prescription number, your credit card number (including expiration date), and your phone number.

Refills by Mail

- 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.

Refills by Internet

- Go to UPMC Health Plan MyHealth Online at www.upmchealthplan.com and see the instructions above, under “By Internet.”

The Your Choice Formulary

Your Choice: The Your Choice formulary is a four-tier formulary consisting of a Generic tier, a Preferred brand tier, a Non-Preferred brand tier, and a Specialty drug tier. Brand drugs on the Preferred tier are available to members at a lower cost-share than non-preferred brands. Formulary high-cost medications such as biologicals and infusions are covered in the Specialty tier, which may have a stricter days’-supply than the other tiers. Some medications may be subject to utilization management criteria, including, but not limited to, prior authorization rules, quantity limits, or step therapy. Selected medications are not covered with this formulary.

Medications Requiring Prior Authorization

Some medications may require that your physician consult with UPMC Health Plan’s Pharmacy Services Department before he or she prescribes the medication for you. Pharmacy Services must authorize coverage of those medications before you fill the prescription at the pharmacy. Please see your pharmacy brochure for a listing of medications that require Prior Authorization.

Quantity Limits

UPMC Health Plan has established quantity limits on certain medications to comply with the guidelines established by the Food and Drug Administration (FDA) and to encourage appropriate prescribing and use of these medications. Also, the FDA has approved some medications to be taken once daily in a larger dose instead of several times a day in a smaller dose. For these medications, your benefit plan covers only the larger dose per day.

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. Please read this section carefully to determine additional coverage information specific to your benefit plan.

- Your pharmacy benefit plan includes coverage for oral contraceptives.
- Your pharmacy benefit plan includes coverage for the FDA-approved oral erectile dysfunction medications that are used on an as-needed basis (Viagra, Cialis, and Levitra) subject to a utilization management quantity limit of four tablets per 30 days. However, Cialis 2.5 mg, Muse, and Caverject are excluded from coverage.
- Infertility drug coverage is included at benefit and lifetime limits set forth in the Infertility rider. Please refer to your Infertility rider for specific infertility coverage information.
- Your pharmacy benefit plan includes special cost-sharing provisions for diabetic supplies:
  - Diabetic supplies, including, but not limited to, lancets, syringes, and diabetic glucose test strips are subject to one Copayment applicable only to insulin and/or any pharmacological agent to treat diabetes.
• Your pharmacy benefit plan includes coverage for special cost-sharing provisions for choosing brand-name over generic drugs:
  • According to your formulary, generic drugs will be substituted for all brand-name drugs that have a generic version available.
  • If the brand-name drug is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name drug as well as the retail price difference between the brand-name drug and the generic drug.
  • If your prescribing physician demonstrates to UPMC Health Plan that a brand name drug is Medically Necessary, you will pay only the Copayment associated with the non-preferred brand name drug.

In this document, the term “UPMC Health Plan” refers to benefit plans offered by UPMC Health Network, Inc., UPMC Health Options, Inc., UPMC Health Coverage, Inc. and/or UPMC Health Plan, Inc.