

**Rx Member Cost-Sharing:** \$16/\$45/\$90/\$100 after Deductible

According to this prescription medication program, you may receive coverage for prescription medications 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 medications from a participating pharmacy or through the mail-order program.

The capitalized terms in this Rider mean the same as they do in your Certificate of Coverage. If there is a

difference between the coverage outlined in this Rider and the coverage outlined in your Certificate of Coverage or your Summary Plan Description, or other supporting documents such as the formulary, the terms of this Rider control.

The following chart shows the member cost-sharing and other benefit limitations that apply to your prescription drug program.

Dispensing Channel	Member Cost-Sharing	Day Supply Limits
<b>Retail Participating Pharmacy</b> (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 \$16 Copayment after Deductible for preferred generic medications.	1-30
Tier 2: Preferred Brand Medications	You pay \$45 Copayment after Deductible for preferred brand medications.	1-30
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$90 Copayment after Deductible for nonpreferred medications (brand and generic).	1-30
Tier 4: Specialty Medications (Brand and Generic)	You pay \$100 Copayment after Deductible for specialty medications (brand and generic).	1-30
Tier 5: Preventive Medications	You pay \$0 Copayment for preventive medications.	1-30
<b>Mail-Order Pharmacy</b> (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 \$16 Copayment after Deductible for preferred generic medications.	1-30
Tier 1: Preferred Generic Medications	You pay \$32 Copayment after Deductible for preferred generic medications.	31-90
Tier 2: Preferred Brand Medications	You pay \$45 Copayment after Deductible for preferred brand medications.	1-30

Dispensing Channel	Member Cost-Sharing	Day Supply Limits
Tier 2: Preferred Brand Medications	You pay \$90 Copayment after Deductible for preferred brand medications.	31-90
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$90 Copayment after Deductible for nonpreferred medications (brand and generic).	1-30
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$180 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
<b>Specialty Pharmacy</b> <ul style="list-style-type: none"> <li>Not all Specialty medications can be filled at a retail pharmacy; they may be restricted to certain Specialty pharmacies, such as Accredo or Chartwell.</li> <li>Certain oral chemotherapy medications will be limited to a 15-day supply for the first month 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 two prescriptions.</li> <li>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.</li> <li>Please refer to your formulary brochure or call UPMC Health Plan for additional details.</li> </ul>		
Tier 4: Specialty Medications (Brand and Generic)	You pay \$100 Copayment after Deductible for specialty medications (brand and generic).	1-30
<b>Other Cost-Sharing Terms Under Your Plan</b>		
<b>Deductible</b>		
Individual Coverage	Refer to your medical Schedule of Benefits for details.	
Family Coverage	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. The individual Deductible does not apply if you are enrolled in family coverage.		
Your pharmacy coverage is subject to your medical plan Deductible.		
<b>Out-of-Pocket Limits</b>		
Individual Coverage	Refer to your medical Schedule of Benefits for details.	
Family Coverage	Refer to your medical Schedule of Benefits for details.	
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:		
<ul style="list-style-type: none"> <li>*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</li> <li>*When a combination of family members' expenses reaches the family 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.</li> </ul>		
<b>Important Cost-Sharing Notes</b>		
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.		
<b>Refill limit: You must use 75% of your medication before you can obtain a refill.</b>		

## Retail Pharmacy Network

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

- National chain pharmacies, including CVS, Giant, Giant Eagle, Kmart, 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 the back of your member identification card, or visit [www.upmchealthplan.com](http://www.upmchealthplan.com).

## How to Use Participating Retail Pharmacies

- Take your prescription to a participating retail pharmacy or have your provider call in the prescription.
- 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:

- 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 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 1-888-853-5525. 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 (name-brand or generic).

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

Certain oral chemotherapy medication prescriptions are limited to a 15-day supply for the first one month 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](http://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 the back of your member 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"> <li>• Use a touch-tone phone to order your prescription refill or inquire about the status of your order at 1-877-787-6279.</li> <li>• The customer service center and automated phone service is available 24 hours per day, seven days a week.</li> <li>• When you call, provide the member identification code, birth date, prescription number, your credit card number (including expiration date), and your phone number.</li> </ul>	<ul style="list-style-type: none"> <li>• Attach the refill label (you receive this label with every order) to your mail-order form.</li> <li>• Pay your appropriate Copayment or other cost-sharing amount via check, money order, or credit card.</li> <li>• Mail the form and your payment in the pre-addressed envelope.</li> </ul>	<ul style="list-style-type: none"> <li>• Go to UPMC Health Plan at <b>www.upmchealthplan.com</b> and log into MyHealth OnLine and see the instructions above, under "By Internet."</li> </ul>

## 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 tier (Tier 2), a Nonpreferred 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 medications on the Preferred Brand Medication tier are available to members at a lower cost-share than nonpreferred medications. Formulary high-cost medications such as biologicals are covered in 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.

## Medications Requiring Prior Authorization

Some medications may require that your provider 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 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 pharmacy brochure 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 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**

contraceptives.

- **Your pharmacy benefit plan includes coverage for the FDA-approved oral erectile dysfunction medications that are used on an as-needed basis (such as sildenafil, tadalafil, and vardenafil) and are subject to a utilization management quantity limit. Tadalafil (5mg) and sildenafil (all strengths) tablets have a quantity limit of 6 tablets per 30 days. Tadalafil (10mg, 20mg) and vardenafil tablets have a quantity limit of 4 tablets per 30 days. Tadalafil 2.5 mg, Muse, Caverject, and Edex are excluded from coverage.**
- **Infertility medication coverage is included at 20% Coinsurance after Deductible is satisfied, and there is a Lifetime Maximum of \$10,000. The amount applied toward the Lifetime Maximum will be 80% of the cost of the prescription medication(s). The Lifetime Maximum set forth in this medication rider are for infertility prescription medications provided under this rider only and shall not apply to prescriptions medications covered by an applicable Prescription Medication Rider. Only prescription medication(s) approved by the Food and Drug Administration for uses related to female and male infertility will be covered by this rider. Please contact Member Services at the phone number on the back of your member ID card for questions related to the coverage of a specific infertility medication. Please refer to your Certificate of Coverage for specific infertility coverage information.**
- **Your pharmacy benefit plan includes limited coverage for weight loss medications when prescribed by a select group of providers. These medications require a Prior Authorization.**
- **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).**
- **Transgender services medication coverage is included at benefit limits set forth in the Certificate of Coverage. Please refer there and to the transgender services medication Prior Authorization policy for specific coverage information.**
- **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.
  - There is no Copayment for diabetic supplies when insulin is purchased.
- **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.
  - If your prescribing provider demonstrates to UPMC Health Plan that a brand-name medication is Medically Necessary, you will pay only the Copayment associated with the nonpreferred brand-name medication.

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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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