

Rx Member Cost-Sharing	\$0 / \$20 / \$50 / \$100 / \$120
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When you use a pharmacy that participates in the UPMC National 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](http://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.

<b>Dispensing Channel</b>	<b>Member Cost-Sharing</b>	<b>Day Supply Limits</b>
<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.)		
Select Generic Medications Tier	You pay \$0 Copayment for select generic medications.	1-30
Preferred Generic Medications Tier	You pay \$20 Copayment for preferred generic medications.	1-30
Preferred Brand Medications and Generic Medications (Brand and Generic) Tier	You pay \$50 Copayment for preferred brand medications and generic medications (brand and generic).	1-30
Nonpreferred Medications (Brand and Generic) Tier	You pay \$100 Copayment for nonpreferred medications (brand and generic).	1-30
Specialty Medications (Brand and Generic) Tier	You pay \$120 Copayment for specialty medications (brand and generic).	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.)		
Select Generic Medications Tier	You pay \$0 Copayment for select generic medications.	1-30
Select Generic Medications Tier	You pay \$0 Copayment for select generic medications.	31-90
Preferred Generic Medications Tier	You pay \$20 Copayment for preferred generic medications.	1-30
Preferred Generic Medications Tier	You pay \$40 Copayment for preferred generic medications.	31-90

<b>Dispensing Channel</b>	<b>Member Cost-Sharing</b>	<b>Day Supply Limits</b>
Preferred Brand Medications and Generic Medications (Brand and Generic) Tier	You pay \$50 Copayment for preferred brand medications and generic medications (brand and generic).	1-30
Preferred Brand Medications and Generic Medications (Brand and Generic) Tier	You pay \$100 Copayment for preferred brand medications and generic medications (brand and generic).	31-90
Nonpreferred Medications (Brand and Generic) Tier	You pay \$100 Copayment for nonpreferred medications (brand and generic).	1-30
Nonpreferred Medications (Brand and Generic) Tier	You pay \$200 Copayment for nonpreferred medications (brand and generic).	31-90

Dispensing Channel	Member Cost-Sharing	Day Supply Limits
<p><b>Specialty Pharmacy:</b></p> <ul style="list-style-type: none"> <li>Not all specialty medications can be filled at a retail pharmacy; they may be restricted to certain pharmacies, such as Accredo or Chartwell.</li> <li>SaveOnSP Service Information: SaveOnSP is a service that helps connect you with manufacturer cost share assistance for certain specialty medications. You may be eligible to receive those medications at no cost by enrolling in this service. <b>Participation in the SaveOnSP service is voluntary, but if you choose not to enroll, you will be responsible for the cost-share of your specialty medications as set forth below. This could result in significant out of pocket costs for you.</b> You can view a list of drugs that are included in the SaveOnSP service at <a href="http://www.saveonsp.com/upmc">www.saveonsp.com/upmc</a>. For more information on the SaveOnSP service and to enroll, contact SaveOnSP at 800 -683-1074 or contact Member Services at the number on your ID Card. Note, you must enroll in the SaveOnSP service prior to filling your first prescription in order to receive the savings associated with the service. <ul style="list-style-type: none"> <li>Medications included in the SaveOnSP service are only available through the preferred specialty pharmacies, Accredo and Chartwell. For a list of applicable specialty medications, please visit <a href="http://www.saveonsp.com/upmc">www.saveonsp.com/upmc</a>*, call (800)-683-1074 or call the number on your ID card.</li> <li>SaveOnSP includes certain specialty pharmacy medications that are considered non-essential health benefits and fall outside the out-of-pocket limits. The cost of these medications will not be applied towards satisfying your out-of-pocket maximums.</li> </ul> </li> <li>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.</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>		
<p>Specialty Medications (Brand and Generic) Tier SaveOnSP Service – Specialty Medications (Brand and Generic) SaveOnSP Drug List <a href="http://www.saveonsp.com/upmc">www.saveonsp.com/upmc</a>*</p>	<p>You pay \$120 Copayment for specialty medications (brand and generic).**</p> <p>If you participate in SaveOnSP: You pay \$0 for specialty medications (brand and generic) included in this service.</p> <p>If you do not participate in SaveOnSP: You will be responsible for 30% coinsurance for the medications (brand and generic) listed on the SaveOnSP Drug List found at <a href="http://www.saveonsp.com/upmc">www.saveonsp.com/upmc</a>*</p>	<p>1-30</p>

**Other Cost-Sharing Terms Under Your Plan**

**Deductible**

Your pharmacy coverage is not subject to your medical plan Deductible. Medications included in the SaveOnSP program are not subject to, and do not count toward your Deductible.

**Out-of-Pocket Limits**

Individual Coverage

Refer to your medical Schedule of Benefits for details.

Other Cost-Sharing Terms Under Your Plan	
Family Coverage	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.	
Important Cost-Sharing Notes	
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.	
Pharmacy cost-shares for medications included in SaveOnSP are considered non-essential health benefits and fall outside of the out-of-pocket limits and are not applied to your out-of-pocket maximum.	
If the pharmacy charges less than the Copayment for the prescription, you will be charged the lesser amount.	
The Price Assure program offered through Express Scripts' partnership with GoodRx may reduce your cost-share on non-specialty generic medications when filled at a participating pharmacy. Deductible and Out-of-Pocket Limit accumulation are updated automatically. Participation in this program is voluntary, but in order to opt out, contact Member Services at the number on your ID card. The GoodRx program is not available at Accredo, Chartwell, or Express Scripts® Pharmacy. Other pharmacies are available in our network. To locate a participating pharmacy near you, contact Member Services at the phone number on your member ID card, or visit <a href="http://www.upmchealthplan.com/find">www.upmchealthplan.com/find</a> .	
<b>Refill limit: You must use 75% of your medication before you can obtain a refill for all medications except eye drops. You must use 70% of your eye drops before you can obtain a refill of these types of medications.</b>	

\*Drug list is subject to change

\*\*Specialty cost only applies to specialty medications not included in SaveOnSP program.

**UPMC National Network**

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

- National chain pharmacies, including CVS, Giant, Giant Eagle, Rite Aid, Walmart, Sam’s Club, Wegman’s, and Weis Markets.
- 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 visit [www.upmchealthplan.com/members/health-plan-basics/pharmacy-services.aspx](http://www.upmchealthplan.com/members/health-plan-basics/pharmacy-services.aspx). 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/find](http://www.upmchealthplan.com/find).

**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 except for eye drops. UPMC Health plan will cover refills for eye drops once you have used 70% 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 allotted 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 1-800-803-2523. Accredo is available Monday through Friday from 8 a.m. to 11 p.m. ET and Saturday from 8 a.m. to 5 p.m. ET. 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. ET. TTY users should call 711.

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 Internet:**

- You can access the Express Scripts website by logging in to the UPMC Health Plan member site at [www.upmchealthplan.com](http://www.upmchealthplan.com). Select Sign in/Register and select “Member” from the drop-down menu. Enter your username on the homepage in the Sign in/Register box and select Sign in. If you have not yet registered for your UPMC Health Plan member site account before, you can sign up for a personal, secure username and password by selecting Register in the Sign in/Register box. Instructions for signing up and accessing the UPMC Health Plan member site 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.

**By Mail:**

- You can access the Express Scripts website, see the instructions above under “By Internet,” and download a mail-order form.
- 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 711.

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 711.

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, birthdate, prescription number, your credit card 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><a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a></b> and log into the UPMC Health Plan member site and see the instructions above, under “By Internet.”</li> </ul>

(including expiration date), and your phone number.		
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**The Your Choice Formulary**

Your Choice: The Your Choice formulary is a five-tier formulary consisting of a Select Generic Medication Tier, a Preferred Generic Medication Tier, a Preferred Brand Medication and Generic Medication Tier, a Nonpreferred Brand Medication Tier, and a Specialty Medication Tier. Tier names describe the most common type(s) of medication (such as brand and generics) within that tier.

The Select Generic Medications Tier includes select generic medications at no additional cost-share to you, unless subject to Deductible. Please see your member cost-sharing above. Preferred Generic Medications and Preferred Brand and Generic Medications will be available to you at a lower cost-share than Nonpreferred Medications. Formulary high-cost medications such as biologicals are covered on the Specialty tier. Specialty medications may have stricter days'-supply limitations.

Preventive medications may be covered at no cost share when you meet certain criteria in accordance with the Patient Protection and Affordable Care Act (ACA) of 2010. Please see your formulary book for a listing of ACA preventive medications that may be eligible for \$0 coverage.

Special cost share rules may apply to select oral chemotherapy medications. Please see your formulary book for a listing of these medications.

Selected medications are not covered with this formulary.

Some medications may be subject to utilization management criteria, including, but not limited to, Prior Authorization, Step Therapy, or Quantity Limits.

**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 includes coverage for FDA-approved sexual or oral erectile dysfunction medications with quantity limit requirements. Tadalafil 2.5 mg, Muse, Caverject, and Edex are excluded from coverage.**
- **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.**
- **Infertility medication coverage is included at 20% Coinsurance, 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 prescription 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 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:**
  - There is no Copayment for diabetic supplies when insulin or an oral diabetic medication 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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