2010 UHC Definity HRA Pharmacy Benefit for the State Health Benefit Plan (SHBP)

Your UnitedHealthcare (UHC) Definity HRA pharmacy benefit provides coverage for a comprehensive selection of prescription medications.

UnitedHealthcare administers your pharmacy benefit program. UnitedHealthcare uses Medco Health Solutions, Inc. (Medco) for certain pharmacy administrative services such as claims processing and customer care.

What you will pay:

You are responsible for paying the prescription drug cost for the covered drug prescribed by your doctor until your deductible is met.

Once you have met your deductible, you are responsible for paying the applicable coinsurance amount listed below in addition to any ancillary charges when a drug is obtained from a network or non-network retail pharmacy. (Please note: Ancillary charges will apply when you request the Pharmacist to dispense a brand name drug when a generic equivalent at a lower cost is available.)

- Pharmacy benefits are provided for covered outpatient prescription drug products dispensed by a retail network or non-network pharmacy. Please note prescription drug tiers and Prescription Drug Lists do not apply to the HRA plan. To determine the cost of a medication and possible lower cost alternatives, log onto myuhc.com and click on “Pharmacies and Prescriptions” or call the Customer Care number on the back of your ID card.

Definity HRA	
Network Pharmacy	**In-Network**
	Coinsurance for up to a 31-day supply for a network pharmacy
Generic drugs	15% of the Prescription Drug Cost.
Brand name drugs	25% of the Prescription Drug Cost.
Non - Network Pharmacy	**Out-of-Network**
	Coinsurance for up to a 31-day supply for a network pharmacy
Generic drugs	40% of the Prescription Drug Cost.
Brand name drugs	40% of the Prescription Drug Cost.

Please note:

- If the usual and customary charge for a prescription drug is less than the coinsurance amount, the member will pay the lesser of the two.
- If a physician indicates “Brand Necessary” on a prescription, then only a brand name medication can be dispensed instead of its generic equivalent. The member will be responsible for the brand name medication coinsurance.
- If a physician does not indicate “Brand Necessary” and the member chooses a brand name medication over its available generic equivalent, the member will be required to pay the generic coinsurance and will also be responsible for paying the difference in the cost between the generic and the brand name drug. This difference in member cost is referred to as an “ancillary charge.”
- For prescription drug products dispensed from a Non-network pharmacy the same coverage rules apply for reimbursement

Deductible waived for certain medications

As a member of the HRA plan, for certain asthma, diabetes and cardiac drugs, your deductible is waived and the plan coinsurance applies. The coinsurance responsibility you have for these medications (15% of the negotiated price for generic drugs and 25% of the negotiated price for brand name drugs) will be deducted from your available HRA dollar credits. After you have exhausted all of your dollar credits, you will continue to pay your coinsurance for these medications until you meet your maximum out-of-pocket.

Copayment/Coinsurance Waiver Program

If you enroll in the asthma, diabetes or cardiac disease state management (DSM) program and you are compliant with the program guidelines; you may be eligible to receive these drugs at no cost. You may call the Customer Care number on the back of your ID card for additional information and a listing of the drugs eligible under these DSM programs.

Generic Drugs

Generic drugs contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest in cost.

Days Supply

One coinsurance for up to a 31-day supply.

Maintenance Drugs

Maintenance prescription drugs are medications taken on an ongoing basis for the treatment of chronic conditions such as diabetes, asthma or high blood pressure. Maintenance drugs are those prescribed medications that a member may obtain for a period of up to 90 days.

You may obtain up to a 90-day supply if your physician writes a prescription for a 90-day supply (for example if you take 2 tablets a day, your physician must write a prescription for a quantity of 180 tablets to be dispensed).

Please call the Customer Care number if you have specific questions regarding whether or not a medication is covered as a maintenance medication. Certain medications have been categorized as maintenance medications.

You will be charged one coinsurance for **each 90-day supply of drug** up to a 90-day supply.

Other Coverage Rules

For specific prescribed drugs, certain requirements (rules) may apply. Those requirements may include Notification (prior authorization), ProgressionRx, Supply Limits such as limits on the day supply amount of the prescribed drug, and/or limits on the number of approved units/ tablets of drug per prescription.

Certain drugs require notification approval before the drug is covered by your benefit. Notification (also known as prior authorization or coverage review) is a set of clinical rules designed to support the pharmacy benefit at the time the prescription is dispensed. Applied to a very limited number of medications, Notification requires your doctor to provide additional information to determine whether the use of the medication is covered by your pharmacy benefit and to ensure appropriate use.

If your medication is included in a Notification program, your pharmacy is sent a message on the computer system with instructions to have your doctor call a toll-free number to get approval for the prescription. Some pharmacists will contact your doctor while others may request you do so. Your doctor will provide UnitedHealthcare with information to determine if the prescription meets the coverage conditions of your pharmacy benefit. We will review the information and approve or deny coverage. We will send letters to you and your doctor explaining the decision and providing instructions on how to appeal if you so desire.

Certain drugs may have supply limits as part of a Supply Limit program. Supply Limit programs define the maximum quantity that can be dispensed per coinsurance (Quantity Level Limit or QLL) or specified timeframe (Quantity Duration or QD). Supply Limits are based upon the manufacturer's package size, dosing recommendations or guidelines that are included in the FDA labeling, and medical literature and guidelines.

Certain drugs are part of ProgressionRx programs. ProgressionRx programs are designed to encourage the prescribing of the lower cost alternative drugs to treat the same condition. This means that before certain drugs will be covered and dispensed, you may be required to try an alternative medication, which has been determined to be safe, effective, and less costly before receiving a more expensive prescription drug.

In the ProgressionRx program, drugs are grouped in categories, Step 1 and Step 2:

- **Step 1 drugs** – medications proven to be safe, effective and affordable. These medications should be tried first because they may provide the same health benefit as more expensive drugs.
- **Step drugs –** medications that treat the same condition but may cost more money.

You may determine whether a particular prescription drug is part of a Notification (coverage review or prior authorization) or Progression Rx by visiting www.welcometouhc.com/shbp , click on "About Your Benefits" and then click on "Pharmacy" or if you are a current SHBP UHC member log on www.myuhc.com or by calling the Customer Care number on your ID card.

For complete benefit information such as plan exclusions, please consult the benefit plan documents provided by the SHBP which includes a Summary Plan Description (SPD). Please refer to the SPD to determine which medications are covered under your individual plan.

For additional information or if you have any questions regarding your pharmacy benefit please call the Customer Care number on the back of your ID card or log onto www.myuhc.com