

Pharmacy Plan Details			
Pharmacy Network	National		
Prescription Drug List	Advantage		
<b>In Network and Out of Network</b>			
Annual Pharmacy Deductible			
Individual		You do not have to pay a pharmacy deductible	
Family		You do not have to pay a pharmacy deductible	
Prescription Drug Product Tier Level	Retail Network	Up to a 31-day supply Out-of-Network Pharmacy	Up to a 90-day supply Mail Order Network Pharmacy**
Tier 1 \$	\$10	\$10	\$20
Tier 2 \$\$	\$30	\$30	\$60
Tier 3 \$\$\$	\$50	\$50	\$100
Tier 4 \$\$\$\$	\$150	\$150	\$300

\* After the Annual Medical Deductible has been met.

\*\* Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.