

Prescription Drug Coverage

Under the UnitedHealthcare medical plans, you receive prescription drug coverage through Caremark. The plan provides benefits for retail and mail order service options and is based upon three prescription tiers: generic, formulary brand and non-formulary brand.

TIER 1 – Generic Drugs

Generic medications have the same active ingredients as brand name drugs and meet the same standards for purity, strength and quality. These medications cost less because they are created without the costly development, advertising, and sales expenses required for brand name drugs. If a generic drug is available, a penalty will be applied if you choose a brand-name drug over a generic.

TIER 2 – Formulary Brand Name Drugs

Formulary medications are brand name drugs that are on the approved formulary list covered by your prescription plan.

TIER 3 – Non-Formulary Brand Name Drugs

Tier 3 includes brand name drugs that are not on the approved formulary list.

What you need to know about your 90 Day Prescriptions

- Fill your maintenance medications through mail order or at a CVS Pharmacy to save money.
- Diabetic supplies are free through mail order.
- For the Gold and Silver Plans, certain generic maintenance medications for mail order or at a CVS Pharmacy are a \$10 copay. (See website at teamhealth.com/benefits/genericRx)
- Caremark recommends that you pay for mail service with a credit or debit card. If you are unable to use a card, you may pay by check.

Call Caremark at 800.841.5550 or visit caremark.com for more information.

Silver and Gold Plans Retail Pharmacy Program/Mail Service Program

Service	Retail	Mail or a CVS Pharmacy
When to Use It	For immediate needs or short-term medications	For maintenance or long-term medications
You Pay	35% (\$5 min/\$150 max) for each generic prescription	25% (\$10 min/\$200 max) for each generic prescription
	35% (\$15 min/\$150 max) for each brand name* prescription on the Primary Drug List	25% (\$30 min/\$200 max) for each brand name* on the Primary Drug List
	35% (\$35 min**) for each brand name* prescription on the Primary Drug List	25% (\$70 min**) for each brand name* prescription on the Primary Drug List
Maximum Out-of-Pocket	\$2,000 per individual annually	\$4,000 per family annually
Days Supply Limit	30-day supply	90-day supply

* When a generic is available, but the pharmacy dispenses the brand name drug for any reason, you will pay the difference between the brand name drug and generic plus the generic copayment.

** When there is a preferred or generic alternative available and you elect to receive the non-preferred brand, the maximum out-of-pocket cap is not applied.

Bronze Plan Retail Mail Order Pharmacy Program

You will pay the full cost of the prescriptions until you hit the combined medical/prescription deductible. Prescriptions will then be 20% of total cost until the combined medical/prescription out-of-pocket maximum is met.