

Annual maximum out-of-pocket **\$5,400** per person; **\$8,300** per family (Excludes mandatory generic substitution or other dispense as written [DAW] penalties)

Prescription Drug Benefits	Your Co-payment/Coinsurance		
	Participating Pharmacy 30 Day Retail	Participating Pharmacy Mail Order ^[1] /Extended Fill	Non - Participating Pharmacies 30 Day Retail Only
All prescriptions up to \$250			
Generic	\$10	90 day - \$15	30% of EC
Preferred Brand	\$30	90 day - \$60	30% of EC
Non-Preferred Brand	\$65	90 day - \$160	30% of EC
Any Prescriptions over \$250^[2] (per 30 day supply) including Generic, Preferred Brand and Non-Preferred Brand	20% of eligible charge	20% of eligible charge	30% of EC
Diabetic Supplies^{[3][4]}			
Preferred Brand	\$7	90 day - \$11	30% of EC
Non-Preferred Brand	\$30	90 day - \$65	30% of EC
Diabetic Drugs^[4]			
Generic	\$10	90 day - \$15	30% of EC
Preferred Brand	\$30	90 day - \$60	30% of EC
Non-Preferred Brand	\$65	90 day - \$160	30% of EC
Insulin^[4]			
Preferred Brand	\$30	90 day - \$60	30% of EC
Non-Preferred Brand	\$65	90 day - \$160	30% of EC
U.S. Preventive Services Task Force (USPSTF) Recommended Drugs ^[5]	None	90 day - None	30% of EC
Oral chemotherapy drugs	None	30 day - None	30% of EC
Oral Contraceptives & Other Contraceptive Methods (i.e. diaphragms, cervical caps)			
Generic	None	90 day - None	30% of EC
Preferred Brand (Single Source)	None	90 day - None	30% of EC
Preferred Brand (Multi Source, if any)	\$30 ^[6]	90 day - \$60 ^[6]	30% of EC
Non-Preferred Brand	\$65 ^[6]	90 day - \$160 ^[6]	30% of EC
Smoking Cessation: patches, gum, Chantix, Zyban ^[7]	None	90 day - None	30% of EC
Spacers & Peak Flow Meters for Asthma	Please refer to the applicable generic, preferred & non-preferred co-payments or 20% coinsurance above		30% of EC

Mandatory Generic Substitution Policy

If a brand name Covered Drug is obtained when a generic equivalent is available, you are responsible for (i) the difference in Eligible Charge between the brand name Covered Drug and the generic equivalent, and (ii) the generic co-payment. By requesting generic drugs you can reduce your costs. Speak with your physician about the drug that is appropriate for your medical condition.

[1] Specialty Medications are limited to a 30-day supply and are not included in the Mail Order Service.

[2] For mail order/extended fill, eligible charge increasing to \$500 (31-60 day supply) and \$750 (61-90 day supply). For a non-preferred brand drug, you will be responsible for the greater of 20% of the eligible charge or \$65 for a 30 day supply, \$130 (31-60 day supply), or \$195 (61-90 day supply).

[3] Any brand not designated as preferred or non-preferred is excluded from coverage from this drug plan; you will be responsible for the entire cost of the supply.

[4] Diabetic supplies, drugs and insulin are exempt from the 20% coinsurance tier.

[5] USPSTF A & B recommended drugs are covered if your physician orders them as part of your treatment and writes a prescription for the items to be purchased at a pharmacy.

[6] For a 30-day supply, if eligible charge is greater than \$250, coinsurance is 20% of eligible charge. For mail order/extended fill, eligible charge increasing to \$500 (31-60 day supply) and \$750 (61-90 day supply). The mandatory generic penalty applies.

[7] This benefit is limited to coverage for 180 days in a 360 day period.

Notes:

- Co-payments for a 60-day supply of mail order/extended fill: \$15 (generic), \$60 (preferred brand), and \$130 (non-preferred brand). If you go to a non-participating mail order pharmacy, no coverage is provided. If you go to a participating retail pharmacy who is not in the extended fill network, you will be limited to a 30-day supply of your medication. If you go to a non-participating retail pharmacy, you must pay the full cost of the drug at the pharmacy and file your claim with UHA. Your reimbursement will be based on the eligible charge minus the 30% coinsurance. You will be responsible for any remaining balance over the eligible charge up to the full drug cost.
- You are responsible for paying the lesser of the co-payment listed in the table above or the eligible charge of the medication.

About this Plan

- UHA Drug Plan T features a tiered co-payment structure. Your co-payment is based on the type of drug that is used to fill your prescription.
- Refills will be covered for up to twelve (12) months from the date the original prescription was written.
- Drugs must be federally approved, medically necessary and obtained with a prescription from a licensed provider with prescriptive authority. Medically Necessary means the definition established in Hawaii Revised Statutes (sect. 432E-1.4).
- For a list of drugs that require Prior Authorization, please refer to UHA's list of Drugs That Require Prior Authorization on our website at uhahealth.com/webForms/drugsearch.
- Drugs in certain ongoing drug therapy categories could be subject to Step Therapy, which is a program designed to reduce your costs by requiring you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Step Therapy manages drug costs by ensuring that patients try first-line (first step), clinically effective, lower-cost medications before they "step up" to a second-line/higher cost medication. You will need authorization from UHA before filling prescriptions for second-line drugs. Please refer to our website at uhahealth.com/uploads/forms/list-of-step-therapy-drugs.pdf to find out if this program applies to any of your drugs.

Mail Order Service and Extended Fill Program

You may obtain an extended supply of your maintenance medications through mail order or at pharmacies in the National Plus 90 Day Network. These services allow you to purchase a 90-day supply under the listed co-payment for their prescription maintenance medication. Please visit uhahealth.com/page/benefit-tips for more information about these services, and to locate the most current list of participating pharmacies (under "Extended Fill", select "Find a Provider" then "Pharmacy Search").

How To File A Prescription Drug Claim

When drugs are purchased from a non-participating pharmacy, or you are asked to pay for the full cost of your drugs at a participating pharmacy, you will need to submit your receipts to our Pharmacy Benefits Manager (PBM) or complete a direct member reimbursement form on their website. Please refer to uhahealth.com/DrugReimbursement for PBM contact information. Claims must be filed within ninety (90) days from the date the drug is purchased.

30 Day Restriction On Coverage

All Covered Drugs are limited to a thirty (30) day supply, with the following exceptions:

- A single standard size package may be dispensed even though a smaller quantity is prescribed for the following: fluoride, tabs and drops; children's vitamins with fluoride (unbreakable package); nitroglycerine products (unbreakable package); miscellaneous: prenatal vitamins (requiring prescription), creams and ointments (standard package size), liquids (standard package size); diabetic supplies (unbreakable package): syringes, needles, test strips, lancets
- Up to a ninety (90) day supply may be dispensed for medications obtained by Mail Order Service or Extended Fill Program

Drugs Not Covered

The following are expressly not covered by this drug plan:

- Injectable drugs except Lovenox, Glucagon, Imitrex, Depo Provera, Insulin and anaphylaxis (Epinephrine) kits
- Fertility agents
- Drugs used for cosmetic purposes
- Supplies, appliances and other non-drug items, except Diabetic Supplies
- Drugs furnished to hospital or skilled nursing facility inpatients
- Drugs prescribed for treatment plans that are not Medically Necessary
- Anti-obesity drugs
- Sexual function drugs
- Any drug that may be purchased without a prescription over-the-counter (OTC), except as specified below
- OxyContin (or its generic equivalents) and all other extended-release and long-acting narcotics, unless prescribed in compliance with UHA's Prior Authorization conditions and payment policies
- Drugs for which Prior Authorization is required but has not been obtained
- For drugs in a therapeutic class in which a former prescription drug in that class converts to an OTC drug, UHA reserves the right to provide coverage only for the former prescription drug that has converted to an OTC drug and to exclude from coverage all other drugs in that class
- Drugs and/or Diabetic Supplies obtained by mail order or extended fill from a Non-Participating Pharmacy
- Non-essential, low value and no value drugs; some of which are non-FDA approved, some are approved but hold no identifiable advantage over other more well-tested agents and some are considered to be of lower value by pharmacologists, professional organizations, other authorities, or all three. This list is to be updated annually
- Products that are chemically-similar drugs and share the same mechanism of action to an existing, approved chemical entity and offer no significant clinical benefit
- Drugs as determined by the Pharmacy Benefits Manager due to availability of equally effective and safe alternatives
- The current list of excluded drugs is available in the Preferred Drug List on our website at uhahealth.com under "Member Forms & Documents"

This information is intended to provide a condensed explanation of UHA drug plan benefits. Please refer to the appropriate drug plan rider with your employer for complete information on benefits and provisions. In case of a discrepancy between this summary and the language contained in the rider, the rider will take precedence.