

# UnitedHealthcare Plan of the River Valley, Inc.

# Prescription Drug Benefits At-A-Glance

## Benefit Features

## Member Responsibility

Drug Deductible (Calendar year)

Generic Equivalent . . . . . Not applicable  
Formulary Brand Name and Non-Formulary Brand Name or Compounded Prescriptions . . . . . \$100 single/ \$200 family

Prescription Drugs including Birth Control

Generic Equivalent (*Low Drug Copayment*) . . . . . \$8 copayment †  
Formulary Brand Name (*Medium Drug Copayment*) . . . . . \$35 copayment after drug deductible  
Non-Formulary Brand Name or Compounded Prescriptions (*High Drug Copayment*) . . . . . \$50 copayment after drug deductible

Diabetic Supplies

Insulin Syringes . . . . . \$8 copayment †  
Test strips, lancets, glucose monitors . . . . . Refer to your medical benefits (*reference Durable Medical Equipment*)

### Definitions

*Drug Deductible:* The amount you must pay out of pocket each calendar year for outpatient prescription drugs before UnitedHealthcare begins to pay.

*Formulary Brand Name:* A listing of brand name outpatient prescription drugs selected on the basis of effectiveness and cost. This list is subject to periodic review and modification. You pay the full amount of your outpatient prescription drugs until you meet the calendar year drug deductible determined by your employer. Once you meet your calendar year drug deductible, you pay a medium drug copayment when you receive a brand name drug on UnitedHealthcare's formulary.

*Generic Equivalent:* A chemically equivalent form of a brand name drug for which the patent has expired. You pay the lowest drug copayment when you receive a generic drug.

*Non-Formulary Brand Name:* Brand name outpatient prescription drugs outside of UnitedHealthcare's formulary. You pay the full amount of your outpatient prescription drugs until you meet your calendar year drug deductible, and then pay the highest drug copayment for brand name drugs that are not listed on the UnitedHealthcare formulary.

### Application of Drug Deductible and Drug Copayments

- A family drug deductible is reached from drug deductible amounts accumulated on behalf of any combination of two or more family members.
- Drug copayments for outpatient prescription drugs do not accumulate towards the drug deductible.
- The drug deductible is administered on a calendar year basis and there is no credit for amounts paid in the prior calendar year.
- Drug deductible and drug copayments for outpatient prescription drugs do not apply toward the medical maximum out-of-pocket expense or deductible, if applicable.

### Limitations

Prescription quantity shall be limited to the amount ordered by the attending physician. Quantity per prescription fill or refill shall not exceed a 30-day supply or such other day supply as authorized by UnitedHealthcare. However, items on the 90-day supply list may be dispensed in quantities up to a maximum of 90-day supply through retail pharmacy or by mail order. You will be responsible for two (2) drug copayments for each 90-day supply. UnitedHealthcare reserves the right to establish criteria and require prior authorization for certain outpatient prescription drugs.

### Benefit Exclusions

Non-covered items include, but are not limited to: medications available over the counter (OTC), unless (1) such OTC medication has been designated by UnitedHealthcare as eligible for coverage as if it were an outpatient prescription drug, and (2) such OTC medication is obtained with a prescription from an attending physician • growth hormone • therapeutic or prosthetic devices • drugs used for cosmetic purposes • drugs used to enhance physical or mental performance • dietary supplements, medications or treatment used for appetite suppression or weightloss, and nutritional formulas and supplements • medication for the treatment or enhancement of sexual performance or function • drugs used for treatment of infertility • drugs used for experimental purposes.

† *Deductible does not apply.*

This document is provided as a brief summary and is not intended to be a complete description of the benefit plan. After you become covered, you will be issued an evidence of coverage (Subscriber Agreement or Summary Plan Description) describing your coverage in greater detail. The evidence of coverage will govern the exact terms, conditions, and scope of coverage. In the event of a conflict between this *Prescription Drug Benefits At-A-Glance*, and the evidence of coverage, the language of the evidence of coverage controls.