

PRESCRIPTION DRUG RIDER

Pursuant to this prescription drug program, you may receive coverage for prescription drugs in the amounts specified in your Prescription Drug Schedule of Benefits when you fill your prescription at a UPMC Health Plan Participating Pharmacy. All capitalized terms in this Rider shall have the same meaning set forth in your Certificate of Coverage. In the event that the terms of this Rider conflict with your Certificate of Coverage, the terms of this Rider control.

Snapshot of Your Pharmacy Benefits

To be eligible for benefits, you must purchase your outpatient prescription drugs from a participating pharmacy or through the mail-order program. The chart below shows the copayments and other benefit limitations that apply to your prescription drug program.

Dispensing Channel	Copayment per Prescription ¹	Day Supply Limits
Prescription drug coverage is limited to a Maximum of \$1,000 per Benefit Period in combination with Mail-order and Specialty Drugs.		
<ul style="list-style-type: none"> ○ Retail Participating Pharmacy* <ul style="list-style-type: none"> - Generic - Preferred Brand - Non-Preferred Brand - Specialty Medications² 	<ul style="list-style-type: none"> \$ 10 per prescription \$ 20 per prescription \$ 40 per prescription \$ 40 per prescription 	<ul style="list-style-type: none"> 1-30 1-30 1-30 1-30 <p>(90 day retail supply available for 3 copayments*)</p>
<ul style="list-style-type: none"> ○ Mail-Order* <ul style="list-style-type: none"> - Generic - Generic - Preferred Brand - Preferred Brand - Non-preferred Brand - Non-preferred Brand 	<ul style="list-style-type: none"> \$ 10 per prescription \$ 20 per prescription \$ 20 per prescription \$ 40 per prescription \$ 40 per prescription \$ 80 per prescription 	<ul style="list-style-type: none"> 1-30 31-90 1-30 31-90 1-30 31-90
<ul style="list-style-type: none"> ○ Specialty Medications² <ul style="list-style-type: none"> - Brand or Generic 	<ul style="list-style-type: none"> \$ 40 per prescription 	<ul style="list-style-type: none"> 1-30

Refill limit: You must use 75% of your medication before you can obtain a refill.

*Prescriptions for certain antibiotics, controlled substances (DEA Class II, III and IV), and specialty medications may be limited to a 30 day maximum supply.

¹If the pharmacy charges less than the applicable copayment for the prescription, you will be charged the lesser amount.

²Not all specialty medications can be filled at a retail pharmacy, and may be restricted to a contracted specialty pharmacy. Please refer to your formulary brochure or call the Health Plan for additional details.

Retail Pharmacy Network

The UPMC Health Plan retail pharmacy network provides a national network of approximately 30,000 pharmacies and includes:

- National chain pharmacies, including: CVS Pharmacies, Giant Eagle Pharmacies, Kmart Pharmacies, Rite Aid Pharmacies, Sam's Club Pharmacies, Target Pharmacies, Walgreens Pharmacies, and Wal-Mart Pharmacies
- An extensive network of independent pharmacies and several regional chain pharmacies.

Generally, retail pharmacies may be utilized for short-term medications, such as medications prescribed to treat illnesses such as a cold, the flu or strep throat. If you use a participating retail pharmacy, the pharmacy will bill UPMC Health Plan directly for your prescription and will ask you to pay any applicable copayment, deductible, or coinsurance. Remember, UPMC Health Plan does not cover prescription drugs obtained from non-participating pharmacies. To locate a participating pharmacy near you, call UPMC Health Plan Member Services at 1-888-876-2756, or visit www.upmchealthplan.com.

How to Use Participating Retail Pharmacies

- Take your prescription to a participating retail pharmacy or have your physician call in the prescription.
- Present your ID card at the pharmacy.
- Verify that your pharmacist has accurate information about you and your covered dependents (including your date of birth).
- Pay the required copayment or other cost-sharing amount for your prescription.
- Sign for and receive your prescription.

Obtaining a Refill from a Retail Pharmacy

You may purchase up to a one-month supply of a prescription drug through a participating pharmacy or a 90 day supply for 3 copayments. If your physician authorizes a prescription refill, simply bring the prescription bottle or package to the pharmacy or call the pharmacy to obtain your refill.

Remember, UPMC Health Plan will not cover refills until you have used 75% of your medication. Please wait until that time to request a refill of your prescription drug. These refill guidelines apply to refills for drugs that are lost, stolen, or destroyed. Replacements for lost, stolen, or destroyed prescriptions will not be covered unless and until you would have met the 75% usage requirement set forth above had the prescription not been lost, stolen, or destroyed.

Mail-Order Pharmacy Services

Generally, long-term maintenance medications may be obtained through the Express Scripts mail-order pharmacy. Your prescription drug program allows you to receive 90-day supplies for most prescriptions from the Express Scripts mail-order pharmacy. Certain specialty medications may be limited to a one-month supply and will generally be dispensed only from Curascript specialty pharmacy.¹

You and your doctor can continue to order new prescriptions or refills for specialty and injectable medications by calling 1-877-787-6279. CuraScript is available Monday through Friday from 8 a.m. to 9 p.m. and Saturday from 9 a.m. to 1 p.m. to assist you. TTY users should call 1-800-899-2114.

¹ Some common injectable medications may be available at your local retail pharmacy; however, other specialty injectables are available only through CuraScript and may be subject to a one-month supply dispensing limit.

When using the mail-order or specialty pharmacy service, you must pay your copayment or other cost-sharing amount before receiving your medicine through the mail. The copayment applies to each original prescription or refill (name-brand or generic).

How to Use the Mail-Order Service

By Mail:

- o Complete the instructions on the mail-order form. A return envelope is attached to the order form for your convenience.
- o Mail the completed order form with your refill slip or new prescription and your payment (check, money order, or credit card information) to ESI. All major credit cards and debit cards are accepted.

By Telephone:

- o Contact the mail-order customer service at 1-877-787-6279. The Express Scripts Inc. Customer Service Center is available 24 hours a day, seven days a week to assist you. TTY users should call 1-800-899-2114.

By Internet:

- o You can access the Express Scripts website by logging on to UPMC Health Plan *MyHealth OnLine* at upmchealthplan.com. You may enter your user ID on the homepage in the member log in box. If you have not accessed *MyHealth OnLine* before, sign up for a personal, secure user ID and password by selecting “New user registration” in the member log in box. Instructions for signing up and accessing *MyHealth OnLine* are available on this page.
- o Once you have successfully signed in, Rx Riders can be accessed by selecting the *MyBenefits* tab and then selecting “Member & Plan details.” You may also access the Express Scripts website by selecting the *MyClaims* tab and scroll down to the on-line pharmacy box. Here you will have the ability to submit a refill for an existing prescription and check prescription order status.

Mail-Order Refills

If you need your long-term medication refilled, you can order your refill by phone, mail, or the Internet as set forth in the following table. Be sure to order your refill 2 to 3 weeks before the completion of your current prescription. If you have questions regarding the mail-order service, contact UPMC Health Plan Member Services at 1-888-876-2756 or Express Scripts at 1-877-787-6297.

Refills by Phone	Refills by Mail	Refills by Internet
<p>- Use a touchtone-phone to order your prescription refill or inquire about the status of your order at 1-877-787-6279.</p> <p>- The automated phone service is available 24 hours per day.</p> <p>When you call, provide the member identification code, birth date, prescription number, your credit card number (including expiration date), and your phone number.</p>	<p>- Attach the refill label (you receive this label with every order) to your mail-order form.</p> <p>- Pay your appropriate copayment or other cost-sharing amount via check, money order, or credit card.</p> <p>- Mail the form and your payment in the pre-addressed envelope.</p>	<p>- Go to UPMC Health Plan <i>MyHealth OnLine</i> at www.upmchealthplan.com and complete the online form.</p>

The *Your Choice* Formulary

Your Choice: The *Your Choice* formulary is a four-tier formulary consisting of a Generic tier, a Preferred brand tier, a Non-Preferred brand tier, and a Specialty drug tier. Brand drugs on the Preferred tier will be available to members at a lower cost share than non-preferred brands. Formulary high-cost medications such as biologicals and infusions are covered in the Specialty tier, which may have stricter days'-supply limitations than the other tiers. Some medications may be subject to utilization management criteria, including but not limited to prior authorization rules, quantity limits, or step therapy. Selected medications are not covered with this formulary.

Medications Requiring Prior Authorization

Some medications may require that the physician consult with UPMC Health Plan's Pharmacy Services Department the first time he or she prescribes the medication for you. Pharmacy Services must authorize coverage of those medications before you fill the prescription at the pharmacy. Please see your pharmacy brochure for a listing of medications that require prior authorization.

Quantity Limits

UPMC Health Plan has established quantity limits on certain medications to comply with the guidelines established by Food and Drug Administration (FDA) and to encourage appropriate prescription and use of these medications. Also, the FDA has approved some medications to be taken once daily in a larger dose instead of several times a day in a smaller dose. For these medications, your benefit plan covers only the larger dose per day.

Additional Coverage Information

Your pharmacy benefit plan may cover additional medications and supplies and may exclude medications that are otherwise listed on your formulary. Additionally, your benefit plan may include specific cost-sharing provisions for certain types of medications or may offer special deductions in cost-sharing for participating in certain health management programs. Please read this section carefully to determine additional coverage information specific to your benefit plan.

- ❖ Coverage for and/or exclusion of additional medications and supplies.
 - Your pharmacy benefit plan includes coverage for oral contraceptives.
 - Your pharmacy benefit plan does not include coverage to treat sexual dysfunction.
- ❖ Special Cost-Sharing Provisions for Diabetic Supplies
 - Each individual item in a group of diabetic supplies, including, but not limited to, insulin, injection aids, needles, and syringes, is subject to a separate copayment.
 - Formulary blood glucose monitors do not require a copayment.
- ❖ Special Cost-Sharing Provisions for Choosing Brand Name Over Generic Drugs
 - According to your formulary, generic drugs will be substituted for all brand name drugs that have a generic version available.
 - If the brand-name drug is dispensed instead of the generic equivalent, you must pay the copayment associated with the brand-name drug as well as the retail price difference between the brand-name drug and the generic drug.

Creditable Coverage

UPMC Health Plan has determined that your prescription drug benefit plan, set forth in this Rider, constitutes non-creditable coverage in accordance with the applicable regulations established by the Centers for Medicare & Medicaid Services pursuant to the Medicare Prescription Drug Improvement and Modernization Act of 2003.