



What You Need To Know About Your Prescription Plan*

Getting Your Prescription Filled

After you reach your deductible, if any, you will pay a copayment for covered medications. The amount of your copayment depends on your specific coverage and the category of medication you receive.

Prescription medications are categorized within two tiers and each tier is assigned a copayment:

- Tier 1 is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are appropriate for your treatment.
- Tier 2 is your highest copayment option. If you are currently taking a medication in Tier 2, ask your doctor whether there are Tier 1 alternatives that may be appropriate for your treatment.

A Tier 2 medication with a Tier 1 equivalent may be subject to an ancillary charge, if applicable, not to exceed the cost of the medication.

Participating Pharmacies

Show your health plan identification (ID) card and prescription to the pharmacist at a participating prescription. Generally, you do not need to submit a claim when you use a participating prescription. HMO members must use a participating prescription, except in an emergency or out-of-area urgent care situation.¹ To locate the name of a participating pharmacy near you, refer to your *Directory of Health Care Professionals*, call our Member Services Department at the telephone number listed on your health plan identification (ID) card, or visit our Web site, www.mamsiUnitedHealthcare.com.

Non-Participating Pharmacies²

If you use a non-participating prescription, you will pay the full cost of your prescription at the time of purchase. You will need to obtain a receipt and the National Drug Code for each prescription. Ask the pharmacist to give you the National Drug Code for your medication if you do not receive it with your receipt. For covered prescriptions, you will need to submit a claim for reimbursement. You may or may not be eligible for reimbursement, depending on your specific prescription plan.

Mail Order Prescriptions³

Covered prescription medications may be filled or refilled through the mail by Express Scripts[®]. You may receive up to a three-month supply of maintenance medication at one time for specified copayments. Express Scripts[®] can be reached at 1-888-828-2579 for more information on mail order benefits.

Medications Needing Prior Authorization

Some prescription medications require prior authorization before they may be covered by your prescription plan. If your pharmacist tells you that your medications requires prior authorization, ask your pharmacist or doctor to call our Prescription Services Department at 1-800-205-3636 for further instructions.

Over-the-Counter Medications

Medications that may be obtained without a prescription are never covered by your prescription plan, except insulin and related supplies when accompanied by a prescription written by a doctor.

Definitions

Ancillary Charge - The difference in the cost of a Tier 2 medication and a Tier 1 equivalent after payment of the appropriate copayment.

Copayment - Same charge as Tier 3.

Deductible - The amount you pay each year before your prescription plan will pay for covered medications.

Maintenance Drug - A medication that is anticipated to be required for six months or more to treat a chronic condition.

National Drug Code - National classification system for the identification of medications. This code is an eleven- or twelve-digit number.

Non-Participating Pharmacy - A prescription that has not contracted with us to provide prescription medications to our members.

Participating Pharmacy - A prescription that is part of the network and has contracted to provide prescription medications to our members.

Prescription Drug List - A list that identifies those prescription medications for which benefits are available. This list is subject to our periodic reviews and modification.

Tier - The placement of prescription medications on the Prescription Drug List.

*This document is subject to change.

¹ Our HMOs include MD-Individual Practice Association, Inc. (M.D. IPA) and Optimum Choice, Inc., (Optimum Choice). For members of a Virginia contract, prescription medications purchased from a non-participating prescription will be covered if the non-participating prescription has written the health plan in advance that it agrees to accept as payment in full the copayment for covered medications and reimbursement for their services at rates applicable to participating pharmacies.

² Applies to all MAMSI Life and Health Insurance Company (MLH), M.D. IPA Preferred and Optimum Choice Preferred members.

³ Maryland groups and Federal Employees Health Benefits Program (FEHBP) members may purchase a three-month supply of a maintenance medication from a retail prescription for the same copayment as mail order.

Frequently Asked Questions About Your Prescription Plan*

1. How does my prescription plan work?

You have a two-tier plan, meaning it has two copayment levels. How much you pay depends on whether the covered, prescribed medication is on Tier 1 or Tier 2 of the Prescription Drug List.

2. Is there a deductible under my prescription plan?

Some plans have a deductible. After meeting your deductible, you will pay a specified copayment for each prescription, depending on the specific prescription plan you have.

3. How much will my copayment be?

The amount of your copayment depends on your specific coverage and the category of medication you receive. Prescription medications are categorized within two tiers and each tier is assigned a copayment.

- Tier 1 is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are appropriate for your treatment.
- Tier 2 is your highest copayment option. If you are currently taking a medication in Tier 2, ask your doctor whether there are Tier 1 alternatives that may be appropriate for your treatment.

A Tier 2 medication with a Tier 1 equivalent may be subject to an ancillary charge, if applicable, not to exceed the cost of the medication. Please consult your prescription plan to see if an ancillary charge applies.

4. How does choosing a Tier 1 or Tier 2 medication affect my out-of-pocket costs?

If a Tier 1 medication is available and you (or your doctor) choose the Tier 2 equivalent you pay the Tier 2 copayment and, if applicable, an ancillary charge. However, you will never pay more than the cost of the medication.

5. My doctor has prescribed a Tier 2 medication. What should I do?

Ask your pharmacist to contact your doctor to suggest an alternative Tier 1 medication, if appropriate. If your doctor decides you need to continue taking a Tier 2 medication for medical reasons, you will pay the copayment for the Tier 2 medication plus an ancillary charge, if applicable. If your doctor agrees to change the prescription, an alternative Tier 1 medication will be dispensed, and you will pay the lower Tier 1 copayment.

6. What happens if my doctor prescribes a Tier 2 medication for which a Tier 1 medication is NOT available?

You are responsible only for the copayment for the Tier 2 medication.

7. Can I get more than a one-month supply of my medication?

Yes. If your medication is on our Maintenance Drug List, you may obtain up to a three-month supply of your medication. If your medication is not on our Maintenance Drug List, your doctor must obtain prior authorization for the prescription in order for your pharmacist to fill more than a one-month supply (please see Medications Needing Prior Authorization in this document). Be sure to check your prescription plan to see if any restrictions apply.

8. Are injectable medications from a prescription covered under my prescription plan?¹

Injectable medications, including insulin, which are self-administered subcutaneously, are covered. Not all pharmacies are contracted with us to dispense injectable medications. Please contact Pharmacy Services for a contracted pharmacy in your area. Insulin is covered like a non-injectable medication. The amount you pay for injectable medications depends on your prescription plan. Please refer to your plan for details.

9. Is there a maximum limit per contract year under my prescription plan?

The maximum limit, if any, depends on the specific prescription plan you have. If your prescription plan has a maximum limit per contract year, the benefit will be limited to the total charges per member, including all copayments and deductibles.²

10. Do I have to use a participating pharmacy?

MD-Individual Practice Association, Inc. (M.D. IPA) and Optimum Choice, Inc. (OCI) members must use a participating pharmacy, except in an emergency or out-of-area urgent care situation.³

MAMSI Life and Health Insurance Company (MLH), M.D. IPA *Preferred* or Optimum Choice *Preferred* members with a Maryland prescription plan may use a non-participating pharmacy. See your prescription plan for payment details.

11. Where should I call if I have a question?

If you have questions about your prescription plan, please call the Member Services Department at the telephone number on your health plan identification (ID) card. Member Services representatives are available 24 hours a day, seven days a week to assist you.

12. To summarize, how can I reduce my out-of-pocket costs under my prescription plan?

Follow these simple steps:

- Ask your doctor to prescribe:
 - 1st choice: a Tier 1 medication
 - 2nd choice: a Tier 2 medication
- Have your prescriptions filled at a participating pharmacy.
- Carry and use your health plan ID card.
- Call the Member Services Department at the telephone number on your health plan ID card if you have questions.

*This document is subject to change.

¹ Covered injectables may require a 20 percent copayment of the contracted prescription rate, up to \$50.00.

² May not apply to West Virginia situs contracts. See plan documents for details.

³ For members of a Virginia contract, prescription medications purchased from a non-participating pharmacy will be covered if the non-participating pharmacy has written the health plan in advance that it agrees to accept as payment in full the copayment for covered medications and reimbursement for their services at rates applicable to participating pharmacies.