

# Outpatient Prescription Drug Benefit Plan

Rx 5 / 15 / 30

## General Information

A description of your Covered Outpatient Prescription Drug Benefits is provided in the Outpatient Prescription Drug Benefit Disclosure.

## What Are My Covered Outpatient Prescription Drug Copayments?

The following Copayments apply to Covered Outpatient Prescription Drugs prescribed by a Plan Provider and dispensed by a Plan Pharmacy.

### ▪ Retail Pharmacy – 30-Day Supply

- For up to a 30-day supply of a generic drug listed on Tier I of the Drug Formulary, you pay one **Tier I Copayment (\$5)**
- For up to a 30-day supply of a brand-name drug or inhaler spacer listed on Tier II of the Drug Formulary, you pay one **Tier II Copayment (\$15)**
- For up to a 30-day supply of a generic or brand-name drug specifically listed as Tier III or not listed on the Drug Formulary but not specifically excluded from coverage, you pay one **Tier III Copayment (\$30)**

### ▪ Mail Order Pharmacy – 90-Day Supply

- For up to a 90-day supply of a generic maintenance drug, which is listed on Tier I of the Drug Formulary and obtained through the Prescription Home Delivery Service, you pay **two Tier I Copayments (\$10)**
- For up to a 90-day supply of a brand-name maintenance drug, which is listed on Tier II of the Drug Formulary and obtained through the Prescription Home Delivery Service, you pay **two Tier II Copayments (\$30)**
- For up to a 90-day supply of a generic or brand-name maintenance drug specifically listed as Tier III or not listed on the Drug Formulary but not specifically excluded from coverage and obtained through the Prescription Home Delivery Service, you pay **two Tier III Copayments (\$60)**

#### Ordering Drugs by Mail (CVS Caremark®)

1-800-930-5190

[www.caremark.com/faststart](http://www.caremark.com/faststart)

### ▪ Retail Pharmacy – 90-Day Supply

- For up to a 90-day supply of a generic maintenance drug, which is listed on Tier I of the Drug Formulary and obtained at a Plan Pharmacy, you pay **three Tier I Copayments (\$15)**
- For up to a 90-day supply of a brand-name maintenance drug, which is listed on Tier II of the Drug Formulary and obtained at a Plan Pharmacy, you pay **three Tier II Copayments (\$45)**
- For up to a 90-day supply of a generic or brand-name maintenance drug specifically listed as Tier III or not listed on the Drug Formulary but not specifically excluded from coverage and obtained at a Plan Pharmacy, you pay **three Tier III Copayments (\$90)**

Member cost-share will not exceed \$200 per individual prescription of up to a 30-day supply of a covered oral anti-cancer drug.

If you have questions regarding your coverage under this benefit plan, please contact Sharp Health Plan Customer Care at (858) 499-8300 or 1-800-359-2002 or visit [www.SharpHealthPlan.com](http://www.SharpHealthPlan.com).

95400	95401	95403	95405	95406	95408	95409	95411	95414	95415	95416
RXXA	RXXB	RXXC	RXXD	RXXE	RXXF	RXXG	RXXH	RXXI	RXXJ	RXXK
200	201	203	205	206	208	209	211	214	215	216