

Supplemental Benefit Plan

Rx 10 / 20 / 40

General Information

A description of your supplemental Covered Outpatient Prescription Drug Benefits is provided in the Supplemental Benefits: Outpatient Drugs 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 the Drug Formulary, you pay **one Tier I Copayment (\$10)**
- For up to a 30-day supply of a brand-name drug, peak flow meter or inhaler spacer listed on the Drug Formulary, you pay **one Tier II Copayment (\$20)**
- 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 (\$40)**

■ Mail Order Pharmacy — 90-Day Supply

- For up to a 90-day supply of a generic maintenance drug, which is listed on the Drug Formulary and obtained through the Prescription Home Delivery Service, you pay **two Tier I Copayments (\$20)**
- For up to a 90-day supply of a brand-name maintenance drug, which is listed on the Drug Formulary and obtained through the Prescription Home Delivery Service, you pay **two Tier II Copayments (\$40)**
- For up to a 90-day supply of a non-Formulary maintenance drug obtained through the Prescription Home Delivery Service, you pay **two Tier III Copayments (\$80)**

Ordering Drugs by Mail (Wellpartner)

1-877-935-5797

www.wellpartner.com

■ Retail Pharmacy — 90-Day Supply

- For up to a 90-day supply of a generic maintenance drug, which is listed on the Drug Formulary and obtained at a Plan Pharmacy, you pay **three Tier I Copayments (\$30)**
- For up to a 90-day supply of a brand-name maintenance drug, which is listed on the Drug Formulary and obtained at a Plan Pharmacy, you pay **three Tier II Copayments (\$60)**
- For up to a 90-day supply of a non-Formulary maintenance drug obtained at a Plan Pharmacy, you pay **three Tier III Copayments (\$120)**

Please note that copayments for supplemental benefits plans do not apply to the annual copayment maximum.

If you have questions regarding your coverage under this supplemental benefit plan, please contact Sharp Health Plan Customer Service at (619) 228-2300 or 1-800-359-2002, or visit www.sharphealthplan.com.

