

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.myuhc.com® or calling the Customer Care number on your ID card.

Annual Drug Deductible - Network and Non-Network

Individual Deductible No Deductible
Family Deductible No Deductible

Out-of-Pocket Drug Maximum - Network and Non-Network

Individual Out-of-Pocket Maximum No Out-of-Pocket Drug Maximum
Family Out-of-Pocket Maximum No Out-of-Pocket Drug Maximum

Tier Level	Retail **Up to 31-day supply		*Mail Order **Up to 90-day supply
	Network	Non-Network	Network
Tier 1	\$15	\$15	\$45
Tier 2	\$45	\$45	\$135
Tier 3	\$85	\$85	\$255
Tier 4	\$200	\$200	\$600

* Only certain Prescription Drug Products are available through mail order; please visit www.myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

** As written by the provider, up to a consecutive 31-day supply of a Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. When a Prescription Drug Product is classified as a Maintenance Medication according to Maryland law and as written by the provider: Up to a consecutive 31-day supply for a new prescription or a change in prescription of a Prescription Drug Product; and Thereafter, up to a consecutive 90 day supply of a Prescription Drug Product subject to a Copayment up to 3 times the Copayment for a 31 day supply.

Note: If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount we would have paid for the same Prescription Drug Product dispensed by a Network Pharmacy.

This summary of Benefits is intended only to highlight your Benefits for Outpatient Prescription Drug Products and should not be relied upon to determine coverage. Your plan may not cover all of your Outpatient Prescription Drug expenses. Please refer to your Outpatient Prescription Drug Rider and Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Outpatient Prescription Drug Rider or the Certificate of Coverage, the Outpatient Prescription Drug Rider and Certificate of Coverage shall prevail.

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UnitedHealthcare Insurance Company

Other Important Information about your Outpatient Prescription Drug Benefits

You are responsible for paying the lower of the applicable Copayment and/or Coinsurance or the retail Network Pharmacy's Usual and Customary Charge, or the lower of the applicable Copayment and/or Coinsurance or the mail order Network Pharmacy's Prescription Drug Cost.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. Supply limits apply to Specialty Prescription Drug Products whether obtained at a retail pharmacy or through a mail order pharmacy.

Some Prescription Drug Products or Pharmaceutical Products for which Benefits are described under the Prescription Drug Rider or Certificate of Coverage are subject to step therapy requirements. This means that in order to receive Benefits for such Prescription Drug Products or Pharmaceutical Products you are required to use a different Prescription Drug Product(s) or Pharmaceutical Product(s) first.

Also note that some Prescription Drug Products require that you notify us in advance to determine whether the Prescription Drug Product meets the definition of a Covered Health Service and is not Experimental, Investigational or Unproven.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Non-Network Benefit for that Prescription Drug Product.

PHARMACY EXCLUSIONS

Exclusions from coverage listed in the Certificate of Coverage apply also to this Rider. In addition, the following exclusions apply:

Exclusions

- Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Experimental, Investigational or Unproved Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproved. This exclusion does not apply to the off-label use of a Prescription Drug Product if such Prescription Drug product is recognized for the treatment in any of the standard reference compendia or in the medical literature. Furthermore we shall provide coverage for Prescription Drug Products that have been approved for sale by the federal Food and Drug Administration whether or not the FDA has approved the Prescription Drug Product for use in treatment of a particular condition, to the extent that the Prescription Drug Products are not paid for by the manufacturer, distributor, or provider of that Prescription Drug Product.
- Prescription Drug Products furnished by the local, state or federal government.
- Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- A Pharmaceutical Product for which Benefits are provided in your Certificate of Coverage. This exclusion does not apply to Depo Provera and other injectable drugs used for contraception as defined in Section 3 under Prescription Drug Product.
- Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
- Unit dose packaging of Prescription Drug Products.
- Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Service.
- Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed.
- Prescription Drug Products when prescribed to treat infertility. Notwithstanding this exclusion, if in vitro fertilization is covered under the medical benefits, and the procedure has been authorized, Prescription Drug Products associated with this procedure are covered.
- Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier 4.)
- Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless we have designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that we have determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision. Please access www.myuhc.com through the Internet or call Customer Care at the telephone number on your ID card for information on which over-the-counter drugs are excluded. Note: Notwithstanding this exclusion, we will provide immediate coverage for excluded prescription Drug Products described above if, in the judgment of the Authorized Prescriber: The over-the counter drug is not equivalent to the Prescription Drug Product on the Prescription Drug list; or An equivalent over-the-counter drug: Has been ineffective in treating the Subscriber's disease or condition; or Has caused or is likely to cause an adverse reaction or other harm to the Subscriber.
- New Prescription Drug Products and/or new dosage forms until the date they are assigned to a tier by our Prescription Drug List Management Committee. However, we will provide immediate coverage for a New Prescription Drug Product if, in the judgment of the Authorized Prescriber: There is no equivalent Prescription Drug Product on the Prescription Drug List; or An equivalent Prescription Drug Product on the Prescription Drug List; Has been ineffective in treating the Subscriber's disease or condition; or Has caused or is likely to cause an adverse reaction or other harm to the Subscriber.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, except as required by Maryland state mandate. (See definition of Prescription Drug Product below).

PHARMACY EXCLUSIONS CONTINUED

- A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product. Please access www.myuhc.com through the Internet or call Customer Care at the telephone number on your Id card for information on which Prescription Drug Products classified as Therapeutic Equivalent. Note: We will provide immediate coverage for a Prescription Drug Product deemed Therapeutically Equivalent if, in the judgment of the Authorized Prescriber: The excluded Prescription Drug product is not Therapeutically Equivalent to the other covered Prescription Drug Product; or The covered Prescription Drug Product on the Prescription Drug List: Has been ineffective in treating the Subscriber's disease or condition; or Has caused or is likely to cause an adverse reaction or other harm to the Subscriber.
- A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product. Please access www.myuhc.com through the Internet or call Customer Care at the telephone number on your ID card for information on which Prescription Drug Products classified as Therapeutic Equivalent. Note: We will provide immediate coverage for a Prescription Drug Product deemed Therapeutically Equivalent if, in the judgment of the Authorized Prescriber: The excluded Prescription Drug Product is not Therapeutically Equivalent to the other covered Prescription Drug Product; or The covered Prescription Drug Product on the Prescription Drug List: Has been ineffective in treating the Subscriber's disease or condition; or Has caused or is likely to cause an adverse reaction or other harm to the Subscriber.