

# Pharmacy benefits

OptumRx has been selected to administer your pharmacy benefits. We want you to get the most from your prescription plan. Here is helpful information to help get you started with your pharmacy benefits.

OptumRx is dedicated to providing you with invaluable resources for managing your prescription drug coverage. During the University of California open enrollment period, please visit <http://optumrx.com/UOCALIF> to access a variety of useful tools that can affect your out-of-pocket expenses, such as:

- Find local network pharmacies to fill your prescriptions
- Price and Save tool to help you choose the lowest cost option for your medication
- Look up medications to confirm if they are formulary or non-formulary
- Access forms such as Home Delivery information & Formulary Information

## Helpful Tips!

### Retail Participating Pharmacy

To obtain Drugs at a Participating Pharmacy, the Member must present their ID card.

### Home Delivery

Using OptumRx Home Delivery is convenient and can save you time. If you take a consistent dose of a covered maintenance medication for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through home delivery. You can also obtain a 90-day supply for a covered maintenance medication through:

- Select UC Pharmacies
- Select OptumRx participating pharmacies such as Costco, Vons/Safeway and Walgreens

### Specialty Medications

Benefits are provided for Specialty Drugs only when obtained through BriovaRx and select UC Pharmacies, except in the case of an emergency. In the event of an emergency, covered Specialty Drugs that are needed immediately may be obtained from any Participating Pharmacy, or, if necessary from a Non-Participating Pharmacy.

### For Additional Information

During the University of California Open Enrollment period, please visit <http://optumrx.com/UOCALIF> or call OptumRx Member Services at 1-855-489-0651 for additional information. TTY users should call 771.

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## Pharmacy benefits at a glance

Covered Services	Member Coinsurance (after calendar year deductible is met)	
	UC Pharmacies & Participating Pharmacies	Non-Participating Pharmacies
Calendar Year Drug Deductible	Prescription drug coverage benefits are subject and accrue to the medical plan Deductible and Out of Pocket Maximum	
Calendar Year Drug Out-of-Pocket Maximum		
Prescription Drug Coverage	UC Pharmacies & Participating Pharmacies	Non-Participating Pharmacies (Billed Charges)
Retail Pharmacy Prescriptions (up to a 30-day supply)		
• Contraceptive Drugs and Devices	No Charge	Not Covered
• Formulary Generic Drugs	20% per prescription	40% per prescription
• Formulary Brand Name Drugs	20% per prescription	40% per prescription
• Non-Formulary Brand Name Drugs	20% per prescription	40% per prescription
UC Pharmacies and specific Retail Pharmacies (up to a 30-90 day supply)		
• Contraceptive Drugs and Devices	\$0.00	Not Covered
• Formulary Generic Drugs	20% per prescription	Not Covered
• Formulary Brand Name Drugs	20% per prescription	Not Covered
• Non-Formulary Brand Name Drugs	20% per prescription	Not Covered
Home Delivery Program (up to a 90-day supply only through OptumRx Home Delivery Pharmacy)		
• Contraceptive Drugs and Devices	\$0.00	Not Covered
• Formulary Generic Drugs	20% per prescription	Not Covered
• Formulary Brand Name Drugs	20% per prescription	Not Covered
• Non-Formulary Brand Name Drugs	20% per prescription	Not Covered
BriovaRx Specialty Pharmacy and Select UC Pharmacies (up to a 30-day supply)	20% (Up to \$200 copayment maximum)	Not Covered
Smoking Cessation Products		
• Over-the-Counter Drugs (requires prescription)	\$0.00	Not Covered
• Prescription Drugs	\$0.00	Not Covered
Diabetic Supplies (excluding syringes, needles, insulin and non-formulary test strips)	\$0.00	Not Covered
Travel Vaccinations		
• ACA preventative travel vaccinations (hepatitis A, hepatitis B, meningitis, polio)	No Charge (not subject to the calendar year deductible)	40% per prescription
• Other travel vaccinations (Japanese encephalitis, rabies, typhoid and yellow fever)	20% per prescription	40% per prescription