

# Prescription Drug Benefit

## Purchase College - State University of New York Copayment Plan 2015-2016

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Pharmacy. Benefits are subject to supply limits and Copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable Copayments. Your Copayment is determined by the tier to which the Prescription Drug is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access [purchase.myahpcare.com](http://purchase.myahpcare.com) or call (855) 828-7716 for the most up-to-date tier status.

### **AT UnitedHealthcare Pharmacy ONLY:**

There is a \$10 Copayment per prescription order or refill for a **Tier 1** Prescription Drug up to 31 day supply; a \$45 Copayment per prescription order or refill for a **Tier 2** Prescription Drug up to 31 day supply; and a \$75 Copayment per prescription order or refill for a **Tier 3** Prescription Drug up to 31 day supply.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit [purchase.myahpcare.com](http://purchase.myahpcare.com).

**If you have any questions regarding your Student Health Insurance Plan, please call Academic HealthPlans at: (855) 824-9684**



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