



Prescription Drug Benefit

2016-2017

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 www.uhcsr.com or call **(855) 828-7716** for the most up-to-date tier status.

United Healthcare Pharmacy

Expenses are paid at 100% after a **\$15 Copayment** per prescription order or refill for a **Tier 1** Prescription Drug up to 31 day supply; a **\$30 Copayment** per prescription order or refill for a **Tier 2** Prescription Drug up to 31 day supply; and a **\$45 Copayment** per prescription order or refill for a **Tier 3** Prescription Drug up to 31 day supply.

All Other Pharmacies

Expenses are paid at 100% after a **\$15 Deductible** per Prescription Drug for **generic drug**; **\$30 Deductible** per Prescription Drug for **brand name**.

When you present your ID card to the network pharmacy at the time the prescription is filled, a claim will automatically be filed. 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 or use an Out-of-Network Pharmacy, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled along with the paid receipt and pharmacy receipt showing the prescription name, strength and dosage in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call **(855) 828-7716**.

If you have any questions regarding your Student Health Insurance Plan, call Academic HealthPlans at: **(855) 825-3988** or email info@ahpcare.com.

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