

844.265.1771 - www.mycatamaranrx.com
Effective Date: January 1, 2017

Pharmacy benefits are administered by OptumRx. Employees who participate in the UAH medical plan are automatically enrolled. Members will receive a separate ID card for pharmacy benefits.

Optum Rx Pharmacy Benefits					
Prescription Drug Deductible	\$100		The deductible is per person per calendar year. The deductible is waived for generic drugs.		
Annual Out-of-pocket Maximum	\$2,250 (max \$6,750 per family)		The contract maximum is embedded into the family maximum, so no individual will have out-of-pocket cost exceeding \$2,250 for the calendar year.		
Pharmacy Plan Design					
In-Network (PPO) Drug Copays					
	For a 1-31 day supply	_	90 day supply available only for aintenance drugs)	Home Delivery (Mail Order Drugs)	
Tier 1 (Generic)	\$15		\$30	Home delivery is available to order up to a 90-day supply of maintenance or long-term medication for delivery to your home, office or location you choose. Copays are \$5	
Tier 2 (Preferred Brand) *	\$35		\$70		
Tier 3 (Non-Preferred Brand) *	\$55		\$110		
Tier 4 (Specialty)	\$100		N/A	less than retail copays.	
* Tier 2 or Tier 3 Drugs with a Generic Equivalent: Member will pay applicable copay plus the difference in drug cost between the Tier 2 or Tier 3 drug and generic drug.					

- *Maintenance drugs* may be purchased up to a 90-day supply for 2 copays. The first prescription for a drug on the maintenance list requires a 31-day supply. Subsequent refills for 60 or 90 days can be made at a participating pharmacy.
- Specialty drugs will only be covered through Briova Rx. Specialty drugs are limited to a 30-day supply per fill.
- **Diabetic Supplies** are covered through the Prescription Drug Card Program.
 - o Insulin, insulin needles, & syringes purchased on the same day will require only one copay.
 - o Blood glucose strips & lancets purchased on the same day will require only one copay.
 - Glucose monitors will always require a separate copay.
- Drugs may be subject to quantity limits and prior authorization from your physicians. Please refer to the website for the most current formulary list: http://www.uah.edu/hr/benefits/insurance/pharmacy

There are no benefits available for prescription drugs purchased from a non-participating pharmacy in Alabama.

To fill a prescription, you will need the following information: RxBin: # 610011, RxPCN: IRX, RxGrp: ALABAMA The pharmacy contract number is the same as the medical contract number beginning with the prefix "UAH".