### Prescription Drug Card Preferred Rx Products

- Maintenance drugs may be purchased up to a 90-day supply for 2 copays

### Diabetic Supplies

- (Copays apply based on type drug and days' supply)
- Diabetic Supplies are covered only through the Prescription Drug Card Program.

### Participating Pharmacy

- $100 prescription drug deductible per person per calendar year.
- Generic drugs not subject to deductible.
  
  **For a 1-31 day supply:**
  - Tier 1: $10 copay
  - Tier 2: $30 copay
  - Tier 3: $50 copay

### Tier 2 or Tier 3 Drugs with a Generic Equivalent:

- $50 copay for a 1-31 day supply. Member will also be responsible for the difference in drug cost between the Tier 2 or Tier 3 drug and generic drug.

**Note:** Generic drugs may be classified at any Tier.

### Specialty drugs

- Will only be covered through *Optum Rx Specialty Pharmacy*.
- Specialty drugs are limited to a 30 day supply per fill.
  - Insulin, insulin needles and syringes purchased on the same day will require only one copay
  - Blood glucose strips and lancets purchased on the same day will require only one copay
  - Glucose monitors will always require a separate copay

### Non-Participating Pharmacy in Alabama:

- There are no benefits available for prescription drugs purchased from a non-Participating Pharmacy.

### Non-Participating Pharmacy Outside Alabama:

- Benefits are paid at the in-network level. In addition, the member will be responsible for any difference between the agreed-to amount and the actual billed charge.

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*Your pharmacy contract number is the same as your medical contract number beginning with the prefix “UAH”*

To view the most current drug formulary list, visit the website at: [http://www.optumrx.com/mycatamaranrx](http://www.optumrx.com/mycatamaranrx)

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract. Check your benefit booklet for more detailed coverage information.