

## Pharmacy Information for University of Utah Health Plans Individual Exchange – Preferred & Premier Silver 250 OFF ONLY Plan

Welcome to University of Utah Health Plans!

Here is some general information regarding your Pharmacy Benefits, Effective May 1, 2020

Plan Deductible: \$4,500 Individual / \$9,000 Family

### Retail Pharmacy – up to a 30 day supply

|  |                                       |
|--|---------------------------------------|
| Tier 0 (Preventive Drugs required by PPACA)                  | No cost (Covered at 100%)             |
| Tier 1 (Preferred Generic Drugs)                             | \$15 copay                            |
| Tier 2 (Preferred Brand Drugs / Non-Preferred Generic Drugs) | Plan deductible, then 25% coinsurance |
| Tier 3 (Non-Preferred Brand Drugs)                           | Plan deductible, then 50% coinsurance |
| Tier 4 (Preferred Specialty Drugs)*                          | Plan deductible, then 25% coinsurance |

**\*Specialty Drugs require Prior Authorization and must be filled through a designated Specialty Pharmacy**

### Mail Order Pharmacy\*\* – up to a 90 day supply- selected drugs

|  |                                       |
|--|---------------------------------------|
| Tier 0 (Preventive Drugs required by PPACA)                  | No cost (Covered at 100%)             |
| Tier 1 (Preferred Generic Drugs)                             | \$30 copay                            |
| Tier 2 (Preferred Brand Drugs / Non-Preferred Generic Drugs) | Plan deductible, then 25% coinsurance |
| Tier 3 (Non-Preferred Brand Drugs)                           | Plan deductible, then 50% coinsurance |
| Tier 4 (Preferred Specialty Drugs)                           | Not Available for 90 day supply       |

**\*\*90 day supply can be obtained through University of Utah Health pharmacies and Novixus Mail Order pharmacy for Tier 0, 1, 2, and 3 drugs**

### *Please Note:*

- *Quantity Limits, Step Therapy, and Prior Authorizations may apply to medications*
- *Brand-Generic Charge is applied if you receive a Brand name drug, regardless of reason or medical necessity, or if your provider prescribes a Brand name drug when a generic is available. A Brand-Generic Charge is the difference in cost from the Generic to the Brand name drug. This charge is added to the regular cost sharing outlined in your benefits summary. The Brand-Generic Charge does not apply towards your Out-of-Pocket Max.*

Preferred Drug List (formulary) is available at <https://uhealthplan.utah.edu/individual/pharmacy.php>

Effective May 1<sup>st</sup> 2020, U of U Health Plans is partnering with a new pharmacy benefit manager, **REALRx**.  
After May 1<sup>st</sup>, your pharmacy needs to submit claims to RealRx at the BIN and PCN listed below. No Group ID is required.

**BIN: 610830**

**PCN: REALRX**

Effective May 1<sup>st</sup> there is a **new Pharmacy Customer Service number**. Pharmacy Customer Service is available at **(855) 869-4769**, 24 hours/7days a week/365 days a year. We can answer questions related to your pharmacy needs such as finding a medication on UUHPs Preferred Drug List (PDL), locating a network pharmacy, prior authorization, member portal, mail order program, and providing information on processed pharmacy claims. Pharmacy Customer Service is also available to work directly with your pharmacy on any questions or issues related to processing a claim.