



Level Funded Plan Pharmacy Information Healthy Preferred EPO and Healthy Premier PPO *Qualified High Deductible Health Plan - \$1,500 Plan*

Welcome to University of Utah Health Plans!
Here is some general information regarding your Pharmacy Benefits

Non-Embedded Plan Deductible: \$1,500 Individual / \$3,000 Family (*No one person will have met their plan deductible until family deductible has been met*)

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)	20% Coinsurance, after deductible
Tier 2 (Preferred Brand Drugs / Non-Preferred Generic Drugs)	20% Coinsurance, after deductible
Tier 3 (Non-Preferred Brand Drugs)	20% Coinsurance, after deductible
Tier 4 (Preferred Specialty Drugs)*	20% Coinsurance, after deductible

***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)	20% Coinsurance, after deductible
Tier 2 (Preferred Brand Drugs / Non-Preferred Generic Drugs)	20% Coinsurance, after deductible
Tier 3 (Non-Preferred Brand Drugs)	20% Coinsurance, after deductible
Tier 4 (Preferred Specialty Drugs)	Not Available for 90 day supply

****90 day supply can be obtained through University of Utah Health pharmacies, Novixus Mail Order pharmacy, and in-network pharmacies 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/lf-members>.

U of U Health Plans is partnering with **REALRx** pharmacy benefits manager. Your pharmacy needs to submit claims to RealRx at the BIN and PCN listed below. No Group ID is required.

BIN: 610830
PCN: REALRX

Pharmacy Customer Service is available at (855) 859-4892, 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.