Get the most from your University of Utah Health Care pharmacy benefit.

When you use a prescribing physician from the list of UUHC provider locations below and fill your prescription at one of the University of Utah Health Care (UUHC) pharmacies listed below you are eligible for the Option 1 enhanced pharmacy benefit:

### UUHC Provider Locations
- Adult Behavior Clinic
- Centerville Health Center
- Child & Adolescent Behavior Clinic
- Farmington Health Center
- Greenwood Health Center
- Huntsman Cancer Hospital
- Imaging and Neurosciences Clinic
- Madsen Health Center
- Midvalley Health Center
- Moran Eye Center
- Parkway Health Center
- Red Butte Pain Clinic
- Redstone Health Center
- Redwood Health Center
- Sleep Wake Center
- South Jordan Health Center
- Stansbury Health Center
- Sugarhouse Health Center
- University Hospital
- University Neuropsychiatry Institute
- University Orthopaedic Center
- Utah Diabetes Center
- Westridge Health Center

### UUHC Pharmacies
- Centerville Health Center Pharmacy
- Greenwood Health Center Pharmacy
- Home Infusion
- Huntsman Cancer Hospital Pharmacy
- Madsen Health Center Pharmacy
- Moran Eye Center Pharmacy
- Parkway Health Center Pharmacy
- Redstone Health Center Pharmacy
- Redwood Health Center Pharmacy
- South Jordan Clinic Pharmacy
- Stansbury Health Center Pharmacy
- University Hospital Pharmacy
- UNI Pharmacy
- University Orthopaedic Center Pharmacy
- Westridge Clinic Pharmacy

### Options

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>UUHC Providers &amp; UUHC Pharmacy</td>
<td>UUHC Pharmacy</td>
<td>Non-UUHC Pharmacy</td>
</tr>
</tbody>
</table>

For more information on this benefit, as well as benefits when using non-U pharmacies and providers, please refer to your Hospitals & Clinics Summary Plan Document.

To search for other pharmacies please visit our website, uhealthplan.utah.edu.
Pharmacy coverage is managed through University of Utah Health Plans and administered through NPS (regardless of which medical offering you select). This means:

- Pharmacy coverage is included with your elected medical plan. You do not need to elect a separate pharmacy plan during open enrollment.
- Pharmacy questions should be directed to NPS. NPS is available 24 hours/7 days a week for customer support at (877) 895-7163.
- You may still use non-University of Utah Health Care pharmacies (like Walgreens), but you save money when you use University of Utah Health Care pharmacies.
- You can save even more when you use both a University of Utah Health Care provider and pharmacy.

How does the pharmacy plan work?

The pharmacy plan offers you varying levels of coverage based on types of drugs required (generic, preferred brand, non-preferred brand, or specialty) AND where your prescription is filled.

- **Copay coverage:** For generic drugs, you will pay a copay for the prescription. (Copays now apply to the pharmacy plans out-of-pocket maximum.)
- **Coinsurance coverage:** For all brand and specialty medications, you will pay a percentage for your prescription. (Coinsurance payments apply to the pharmacy plans out-of-pocket maximum.)

### Prescription Drug Coverage

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs based on a 30 day supply unless otherwise indicated</td>
<td>University of Utah Health Care Provider &amp; UUHC Pharmacy</td>
<td>UUHC Pharmacy Only</td>
<td>Non-UUHC Pharmacy</td>
</tr>
<tr>
<td>Out-of-pocket maximum*</td>
<td>$1,600 per member / $3,200 per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>Up to $5</td>
<td>Up to $10</td>
<td>Up to $15</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20% ($150 max per 30 day supply)</td>
<td>25% ($150 max per 30 day supply)</td>
<td>30% ($150 max per 30 day supply)</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Mail Order** (Available through University of Utah Health Plans Mail Order Program)**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>2 copays per 90 day supply</td>
<td>2 copays per 90 day supply</td>
<td>UUHC Mail Order only</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20% (up to $300 max per 90 day supply)</td>
<td>25% (up to $300 max per 90 day supply)</td>
<td>UUHC Mail Order only</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>25%</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

**Speciality Drugs** (University of Utah Speciality Pharmacy, Prior Authorization Required. Mail Order-Not Available)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Specialty</td>
<td>20% ($150 max per 30 day supply)</td>
<td>25% ($150 max per 30 day supply)</td>
<td>Coordinated through University of Utah Specialty Pharmacy</td>
</tr>
<tr>
<td>Non-Preferred Specialty</td>
<td>25%</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

*Copays and coinsurance for all covered prescriptions will apply towards the pharmacy out-of-pocket maximum. This is a separate out-of-pocket maximum from the medical plan.

**Mail order is handled by University of Utah Health Plans Mail Order Program. Call NPS customer service at (877)895-7163 to get started. You may also be able to fill a 90 day supply at a UUHC pharmacy.

For pharmacy locations, specific coverage information, and questions contact NPS directly:

www.pti-nps.com
PO Box 407
Boys Town, NE 68010
(877) 895-7163