

When filled at a Participating Pharmacy:

- 1) The cost of a covered drug (the lesser of a 31 day supply or a 100 unit dosage) is \$5 per prescription for a generic drug and \$15 for a brand name drug, and \$35 per prescription for a non-formulary drug when obtained at a Plan Pharmacy.
- 2) The cost of a covered drug (3 month supply) obtained through the mail order pharmacy services is two copays (\$10 for a generic drug and \$30 for a brand name drug, \$70 for a non-formulary drug). The cost of a 32 to 90 day supply of a maintenance drug obtained through a Plan Pharmacy is 50% of the contracted rate for that drug.
- 3) The cost of one unit (i.e., 1 box, 1 tube, 1 inhaler) is \$5 per generic unit and \$15 per brand name unit, and \$35 per non-formulary unit when obtained at a Plan Pharmacy.
- 4) Self-Administered Injectables*
Self-administered injectable medications will be covered under the applicable pharmacy copayment.

If the Plan Pharmacy is closed and a prescription is required because of an unforeseen emergency, covered drugs may be obtained at a non-Plan Pharmacy. Covered drugs obtained at a non-Plan Pharmacy as authorized in an emergency will be reimbursed in full, minus those charges which are the member's financial responsibility.

“Covered Drugs” are medically necessary prescriptions listed in the Drug Formulary, which are filled at a Participating Pharmacy.

GHP's Drug Formulary is a listing of Prescription Drugs which are approved for coverage by Group Health Plan. Physicians affiliated with GHP use it in prescribing medications. Drugs from all therapeutic groups are available on the Drug Formulary.

GHP has a mandatory generic substitution policy if a generic product is available. This list is subject to periodic review and modification by GHP at its discretion.

GHP will provide coverage for Brand Name drugs on the Formulary, even if a generic substitute exists, upon Your payment of: (1) the applicable Copayment and (2) the price difference between the brand name drug prescribed and the generic substitute.

“Covered medical supplies” are limited to disposable syringes, blood glucose strips and diabetic lancets for members on insulin for use in the treatment of diabetes.

The cost of the following drugs is not covered, even if prescribed by a Physician:

- Any drug that does not constitute a Covered Drug or is not dispensed at a Plan Pharmacy.
- Over-the-counter drugs or drugs with over-the-counter equivalents.
- Drugs used primarily for cosmetic purposes.
- The cost of special packaging required for drugs dispensed in nursing homes.
- Drugs for smoking cessation programs.