Prescription A

COPAYMENT SUMMARY

Western Health Advantage (WHA) shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in this Copayment Summary.

PRESCRIPTION COPAYMENTS FOR COVERED MEDICATIONS	COST TO MEMBER
WHA offers a Three-tier Copay Plan (see definitions)	
Walk-In Pharmacy (up to 30 day supply)	
• Tier 1 – Preferred Generic medication	$5
• Tier 2 – Preferred Brand Name medication*	$10
• Tier 3 – Non-Preferred medication*	$20
Mail Order (up to 90 day supply)	
• Tier 1 – Preferred Generic medication	$12.50
• Tier 2 – Preferred Brand Name medication*	$25
• Tier 3 – Non-Preferred medication*	$50

*Regardless of medical necessity or Generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment.

At walk-in pharmacies if the actual cost of the prescription is less than the applicable copayment, the member will only be responsible for paying the actual cost of the medication.

Prescription copayments and the deductible (if applicable) do not contribute to the medical annual out-of-pocket maximum (unless required for diabetes supplies or pediatric asthma supplies and equipment).

COVERED PRESCRIPTION MEDICATIONS

- Oral medications that require a Prescription by state or federal law, written by a Participating Physician and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA's service area for urgent or emergency care only (the receipt may be submitted to WHA for reimbursement).
- Compounded Prescriptions for which there is no FDA approved alternative and contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.
- Prenatal Prescription vitamins or vitamins in conjunction with fluoride.

DEFINITIONS

Brand Name medication is a Prescription drug manufactured, marketed, and sold under a given name.

FDA-approved means drugs, medications, and biologicals that have been approved by the Food and Drug Administration (FDA) and listed in the United States Pharmacopoeia, the AMA Drug Evaluations and/or the American Hospital Formulary.

Generic medication is a Prescription drug that is medically equivalent to a Brand Name medication as determined by the FDA and meets the same standards as a Brand Name medication in all facets: purity, safety, strength and effectiveness.

Maintenance medication is any covered Prescription medication that is to be taken beyond 60 days. Examples include medications for high blood pressure, diabetes, arthritis, allergies and oral contraceptives.

Non-Preferred or Tier 3 medication means a Generic or Brand Name medication that is not listed on the WHA Preferred Drug List (PDL).

Participating Pharmacy is a pharmacy under contract with WHA, authorized to dispense covered Prescription medications to members who are entitled under the pharmacy benefit to receive them. Refer to the WHA Provider Directory for a list of Participating Pharmacies.

Preferred Brand Name or Tier 2 medication means a Brand Name medication that is listed on the WHA Preferred Drug List (PDL).

Preferred Drug List (PDL) is a listing of medications developed by WHA's Pharmacy and Therapeutics (P&T) Committee as drugs of choice in their respective classes of Preferred Generic medication or Preferred Brand Name medication. Please note that a drug's presence on the WHA PDL does not guarantee that the member's physician will prescribe the drug. Members may request a copy of the PDL by calling WHA Member Services or view the document on WHA's website at westernhealth.com.

Drugs are evaluated regularly by the P&T Committee, which meets every other month, to determine the additions and possible deletions of medications and to ensure rational and cost effective use of pharmaceutical agents. Physicians may request that the P&T Committee consider adding specific medications to the PDL. The Committee reviews all medications for their efficacy, quality, safety, similar alternatives, and cost in determining their inclusion on the PDL.

Preferred Generic or Tier 1 medication means a Generic medication that is listed on the WHA Preferred Drug List (PDL).

Prescription A

COPAYMENT SUMMARY

Western Health Advantage

Prescription medication is a drug which has been approved by the FDA and which can, under federal or state law, be dispensed only pursuant to a Prescription order from a duly licensed physician.

Prescription is a written or oral order for a Prescription medication directly related to the treatment of an illness or injury and is issued by the attending physician within the scope of his or her professional license.

Three-tier Copay Plan means Preferred Generic medications listed on the PDL are covered at the lowest tier copayment level, Brand Name medications listed on the PDL are provided at the second tier copayment level, and drugs not listed on the PDL (Generic or Brand Name) are covered at the third tier copayment level. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by the WHA P&T Committee.

PRINCIPAL EXCLUSIONS AND LIMITATIONS

The covered Prescription medications are subject to the exclusions and limitations described in this section:

a. Generic medications are required. The pharmacist will automatically substitute an equivalent Generic medication for the prescribed Brand Name medication unless: your physician writes, "do not substitute" or "prescribe as written"; there is not a Generic equivalent available; or the medication is included in the list of Narrow Therapeutic Index (NTI) drugs that currently have potential equivalency issues. In these cases, the member will be provided the Brand Name medication as written by the member's physician, even if a Generic is available. The applicable copayment will apply. A member may request a list of applicable NTI drugs by calling WHA Member Services.

b. Some Prescription medications may require prior authorization by WHA. For clarification, please contact WHA Member Services. Routine/non-urgent requests for prior authorization are processed within three business days if all applicable information is included with the request. Requests that are indicated as urgent will be reviewed within one business day. An incomplete request may delay the authorization process if the provider is not available to supply the necessary clinical information. For a prior authorization request after business hours or on weekends and holidays in an urgent or emergency situation, the Pharmacy is authorized to dispense an emergency short supply of the medication.

c. Covered Prescription medications are limited to a 30 day supply at a participating pharmacy. A 90 day supply of oral Maintenance medications is available through WHA's Mail Order program (see item d). Oral specialty medications that cost over $500 for a 30 day supply are limited to a 30 day supply.

d. Covered Prescription medications that are to be taken beyond 60 days are considered Maintenance medications and may be obtained through the Mail Order program. The initial Prescription for Maintenance medications may be dispensed through a Participating Pharmacy (limited to a 30 day supply). Subsequent refills for a 90 day supply may be obtained through the Mail Order program.

e. Over-the-counter medications or medications that do not require a Prescription are excluded (except for insulin and insulin syringes with needles for diabetics).

f. Medications that are not medically necessary are excluded.

g. Treatment of impotence and/or sexual dysfunction must be medically necessary and documentation of a confirmed diagnosis of erectile dysfunction must be submitted to the Plan for review. Drugs and medications are limited to eight (8) pills per month for a 30 day period and are subject to a 50% copayment.

h. Medications that are experimental or investigational are excluded, except for life-threatening or seriously debilitating conditions and cancer clinical trials as described in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) under the section titled, "Independent Medical Review of Investigational/Experimental Treatments".

i. There are a small number of drugs, regardless of PDL tier level, that may require prior authorization for a non-FDA approved indication (off label use). For off label use, the medication must be FDA approved for some indication and recognized by the AMA Drug Evaluations, the American Hospital Formulary Service Drug Information, the United States Pharmacopoeia Dispensing Information (vol. 1, Drug Information for the Health Care Professional) or at least two articles from major peer reviewed medical journals that present data supporting the proposed use as safe and effective, unless there is clear and convincing contradictory evidence in a similar journal.

j. Prescriptions written by dentists are excluded.

k. Drugs required for foreign travel are excluded, unless they are prior authorized for medical necessity.

l. Prescription products for cosmetic indications, including agents for wrinkles or hair growth, and over-the-counter dietary/nutritional aids and health/beauty aids are excluded.

m. Drugs used for weight loss and dietary/nutritional aids which require a prescription are excluded, unless they are prior authorized for medical necessity.

n. Contraceptive devices (including IUD's) and implantable contraceptives, such as Norplant, are not covered under this prescription rider benefit; they are covered under the medical benefit as described in the EOC/DF.

o. Medications for injection or implantation (except insulin and other medications as determined by WHA) are covered under the medical benefit as described in the EOC/DF under the sections titled "Outpatient Services" and "Other Health Services".

p. Pharmacies which dispense covered Prescription medications to members pursuant to an agreement with WHA or its pharmacy benefit manager and this prescription rider benefit, do so as independent contractors. WHA shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with any injuries suffered by members.

q. WHA shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with the manufacturing, compounding, dispensing, or use of any covered Prescription medication.

r. Medications for the treatment of infertility are excluded, unless the employer has added an Infertility rider benefit.

s. Vitamins (except prenatal prescription vitamins or vitamins in conjunction with fluoride) are excluded.

t. Medications for the treatment of short stature are excluded unless medically necessary.

u. Replacement medications for drugs that are lost or stolen are not covered.

PRESCRIPTION CLAIM REIMBURSEMENT

If a member pays for a covered Prescription medication as described in this Copayment Summary, the original receipt along with a copy of the member's identification card, address, a daytime telephone number, and the reason for the reimbursement request should be submitted to WHA's pharmacy benefit manager, Medco Health, within 60 days of purchase. No claim will be considered if submitted beyond 12 months from the date of purchase.