

Coventry Health Care of Missouri's Preferred Drug Plan (EQP1)

With Coventry Health Care of Missouri's Preferred Drug Plan, you have options when a provider gives you a prescription:

Deductible

Individual: \$2,500/ Family \$5,000

Both Medical and Pharmacy Services accumulate toward the deductible and maximum out of pocket amounts. Annual deductible must be satisfied each contract year before a Member may receive coverage for Prescription Drugs under this Rider.

Tier One

\$12 If the prescription is for a tier 1 drug, you pay \$12.

Mail Order Pharmacy Services are available for tier 1 drugs at a cost of 2.5 copays for a 3 month supply. 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.

Tier Two

\$30 If your physician chooses a tier 2 drug from our formulary, you pay \$30.

Mail Order Pharmacy Services are available for tier 2 drugs at a cost of 2.5 copays for a 3 month supply. 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.

Tier Three

\$55 If the prescription is for tier 3 drug that is not on our formulary, you pay \$55.

Mail Order Pharmacy Services are available for tier 3 drugs at a cost of 2.5 copays for a 3 month supply. 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.

Brand Name Substitution

If your provider allows a generic substitution your pharmacy will give you a generic drug if one is available. If a generic drug is available, and you or your provider asks for a brand name drug instead of the generic, you will pay the appropriate copay *plus* the difference in price between the generic drug and the brand name drug.

More About Copays

Most drugs require one copay for a 31-day supply up to 100 units, whichever is less, which you pay at the pharmacy when you have your prescription filled. Prepackaged medications (such as inhalers, ophthalmic solutions, topical creams) require one copay per package. If your provider prescribes a non-formulary drug, the copay will be somewhat higher for each 31-day supply or each prepackaged unit.

Prior Authorization

Some drugs require prior authorization from Coventry Health Care of Missouri. Your provider will need to obtain prior authorization before these drugs are covered.

"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.

Exclusions

Coventry Health Care excludes certain drugs from pharmacy benefit coverage. These include, but are not limited to:

- Most over-the-counter drugs
- Drugs that are not considered to be medically necessary (an example is minoxidil lotion for hair growth)
- Prescriptions that may be obtained without charge under local, state or federal programs, including Workers' Compensation
- Experimental/ investigational drugs
- Diet pills and smoking cessation products
- The cost of special packaging required for drugs dispensed in nursing homes.

Remember: Always discuss your prescriptions with your provider so he/she can select the most appropriate drug at the lowest out-of-pocket cost.

*This is a brief summary of your prescription drug coverage. Please read your Prescription Drug Rider for complete information, or call **Customer Service at 800-755-3901** if you have questions. You can also visit us online at www.CoventryHealthCare.com. Always talk with your provider or pharmacist if you have questions about the drugs prescribed for you.*

