2010 Pharmacy Program

UVa. Postdoctoral Research Associates and Postdoctoral Fellows

<table>
<thead>
<tr>
<th>Copayment</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6 copayment</td>
<td>Preferred Generic</td>
</tr>
<tr>
<td>$24 or 20% up to $100 max</td>
<td>Preferred Brand</td>
</tr>
<tr>
<td>$48 or 20% up to $100 max</td>
<td>Non-preferred Drugs</td>
</tr>
<tr>
<td>$50 or 20% up to $100 max</td>
<td>Self-Administered Injectables&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Please refer to Southern Health’s 2010 Prescription Drug List for an alphabetical listing of preferred generic and preferred brand drugs.

If (PA) is noted next to a drug, prior authorization is required. Your physician must contact Southern Health’s Pharmacy Department to obtain prior authorization.

If * is noted next to a drug, that means the brand name drug has a generic equivalent available. If there is a generic equivalent available but your physician requires that you take the brand name drug or you choose to use the brand drug, you will pay the applicable copayment plus the difference in cost between the generic and the brand.

An annual deductible of $100 per member applies to Tier 2 and 3 only. After the annual deductible is met:

**Retail Program**

At participating retail pharmacies, you will pay:

- one copayment for up to a 31-day supply (or the appropriate prescribing unit as described in your pharmacy rider)
- two copayments for up to a 60-day supply (or the appropriate prescribing unit as described in your pharmacy rider)
- three copayments for up to a 90-day supply (or the appropriate prescribing unit as described in your pharmacy rider).

**Mail Order Program**

If you take a medication on a regular basis (maintenance drug), you may be eligible to get a 90-day supply of your Tier 1, 2, and 3 prescriptions through the mail order program. Have your doctor write your prescription for a 90-day supply. You will pay:

- $14 for up to a 90-day supply of Tier 1 drugs.
- $56 or 20% up to a $300 maximum for up to a 90-day supply of Tier 2 drugs.
- $112 or 20% up to a $300 maximum for up to a 90-day supply of a Tier 3 drugs.

Southern Health's 2010 Prescription Drug List and mail order forms are available from your employer. In addition, you may visit our website at [www.southernhealth.com](http://www.southernhealth.com) for prescription information and forms.

<sup>1</sup>The retail maintenance benefit does not apply to Tier 4 drugs.

The Pharmacy Program refers to form numbers SH.4TRX.09 and SH.4TPPORX.09

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