

UnitedHealthCare Prescription Rx Plan Options

Prescription medications are categorized within three tiers based on our review of effectiveness and cost.

Compounded medications, those medications containing one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level, provided the individual ingredients used in compounding are covered under the pharmacy benefit. Specific drugs may move tiers during the year based upon FDA approvals, generic availability and the like.

PLAN:	DEDUCTIBLE* Indiv/Family	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay
N7		\$7	\$25	\$50
K6		\$10	\$20	\$40
OP	*\$100/\$300	\$10	\$20	\$40
F5		\$10	\$25	\$45
OO	*\$100/\$300	\$10	\$25	\$50
H9		\$10	\$30	\$50
OL	* \$100/\$300	\$10	\$30	\$50
EM		\$15	\$30	\$60
NR		\$10	\$35	50%
H9 (Only with HSAs)	Combined with Medical	\$10	\$30	\$50

**Deductible does not apply to Tier 1 prescriptions*



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United Healthcare Services, Inc. or their affiliates.

This benefit outline is intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans do not cover all health care expenses. The policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. Network Benefits are payable for Covered Health services provided by or under the direction of your Network physician. Prior Notification is required for certain services.