

Your Coventry Health Care Prescription Benefits

Tier	Retail Pharmacy 31-day Supply ¹	Mail Order 1-2-3 90-day Supply ¹
One-A		One Copayment
One		One Copayment
Two		Two Copayments
Three		Three Copayments
Four ²		Not Applicable ³

¹ Or the appropriate prescribing unit as described in your pharmacy rider

² Tier Four has a Benefit Year Maximum Out-of-Pocket of \$3,500 per individual.

³ Tier Four medications are limited to a 31-day supply per fill.

Retail Maintenance Benefit

If you take a medication on a regular basis (maintenance drug), you may be eligible to get a 90-day supply of your medication either through the mail order program described above or through the retail maintenance program. If you obtain your maintenance medications at a retail pharmacy instead of through the mail order, you will pay one copayment for up to a 31-day supply¹, two copayments for up to a 60-day supply¹ and three copayments for up to a 90-day supply¹. To take advantage of either the mail order benefit or the retail maintenance benefit, ask your doctor to write your prescription for a 90-day supply.

Access to National Pharmacy Network

Designed to provide maximum geographic coverage, the pharmacy network consists of more than 62,000 stores in the United States, Puerto Rico and the Virgin Islands. The national network includes national chains and independent drug stores. You can find participating pharmacies on our website, www.southernhealth.com.

Retail prescriptions must be filled at a participating pharmacy or a non-participating pharmacy that has agreed to accept Medco's reimbursement rate as payment in full.

Online Drug List

Our online Prescription Drug List will provide you with important information such as generic and preferred drug alternatives, quantity limits and prior authorization requirements. You can also access the mail order program. To use the online formulary, visit the Services and Support section of www.southernhealth.com and click on the link for Prescription Coverage on the right side of the page. Your plan coverage may vary slightly from the searchable formulary results. Once you have been enrolled, we encourage you to use the pharmacy tools on Medco.com which can be accessed through My Online Services.

Transition Rx Program

This program provides new members with a transition service for the first 90 days of coverage beginning on your effective date. You may obtain a one-time fill or refill of certain covered prescription drugs, up to a 30-day supply, at the applicable copayment without being subject to prior authorization, step therapy and/or quantity limit requirements that normally apply to those drugs. Coventry Health Care will then send a letter to your prescribing provider advising that the one-time fill or refill was made available. Most commonly used prior authorization, step therapy and once-daily quantity limit drugs are eligible under the Transition Rx program. Specialty injectables and other quantity limits are excluded from the program. To find out what drugs are subject to prior authorization, step therapy, quantity limits or other requirements, you may call Customer Service at **800-627-4872** or visit www.southernhealth.com.

Things to Remember

- Use your member ID card when filling a prescription. You may only file a claim for reimbursement for a prescription in a true emergency.
- Your prescription may not be covered if you do not have a prior authorization when one is required.
- If you take a specific medicine on a regular basis, you may be eligible for the mail order program.
- You may call Customer Service at **800-627-4872** or the Pharmacy Help Desk at **800-378-7040**.

Generic Drugs

Coventry Health Care's program requires "mandatory" generic substitution if the FDA has determined the generic to be equivalent to the brand-name product. If your physician requires that you take the brand-name drug instead of the generic drug, or if you elect the brand-name rather than the generic at the point of sale, you will pay the applicable copayment plus the difference (ancillary charge) in cost between the generic and the brand. The ancillary charge does not apply to any deductible or maximum out-of-pocket.

Quantity Limits

Some medications on the Prescription Drug List have restrictions on the quantity that Coventry Health Care will cover. Priorauthorization may be required if the dosage of the medication being prescribed varies from the FDA and manufacturer's recommended dose.

The following services are not covered under your prescription drug benefits:

- Drugs which are not Medically Necessary.
- Drugs obtained from non-participating pharmacies in a non-emergency situation when such pharmacies have not previously notified the Company, by facsimile or otherwise, of their agreement to accept as payment in full reimbursement for their services at rates available to pharmacies that are Participating Providers, including any Copayment, Coinsurance and/or Deductible consistently imposed by the Company.
- Any Prescription Drug which is to be administered, in whole or in part, while a Covered Individual is in a hospital, medical office or other health care facility.
- Any Prescription Drug that is being used or abused in a manner that is determined to be furthering an addiction to a habit-forming substance.
- Legend drugs for which there is a non-Prescription Drug alternative (such as over-the-counter) and over-the-counter (OTC) products not requiring a prescription to be dispensed (like aspirin, antacids, herbal products, oxygen, medicated soaps, food, food supplements, food replacements, and bandages) with the exception of OTC programs sponsored by the Company, such as Prilosec OTC, Claritin and Zaditor OTC.
- Contraceptive implant systems and intrauterine devices (IUDs); Coverage for contraceptive implant systems and IUDs are covered under Section Six of the Certificate of Insurance.
- Dietary supplements, appetite suppressants, drugs used to treat obesity or assist in weight reduction or weight gain, and malabsorption agents.
- Drugs and products for smoking cessation, including Prescription Drugs such as Zyban and Chantix, with the exception of OTC programs sponsored by the Company.
- Medications prescribed for cosmetic purposes, including but not limited to, tretinoin for aging skin and minoxidil lotion.
- Drugs and products used to treat infertility.
- Injectable medications, with the exception of Self-Administered Injectable Drugs as described in this Rider or programs sponsored by the Company.
- Allergy supplies, including syringes.
- Experimental and Investigational Drugs; products not approved by the FDA; drugs with no FDA-approved indications, medications prescribed at dosages in excess of FDA approval; drugs prescribed for purposes other than the FDA approved use, unless a drug is recognized for treatment of the covered indication in one of the Standard Reference Compendia or in substantially accepted Peer-reviewed Medical Literature. Cancer drugs that are FDA approved for a certain cancer type may be used for treatment of other types of cancer, provided the drug has been recognized as safe and effective for treatment of that specific type of cancer in any of the Standard Reference Compendia. Any drug approved by the FDA for use in the treatment of cancer pain shall not be denied for coverage on the basis that the dosage is in excess of the recommended dosage of the pain relieving agent, if the prescription in excess of the recommended dosage has been prescribed in compliance with Virginia law for a patient with intractable cancer pain.
- Tubing for insulin pumps; Ostomy supplies, including bags, adhesives, and tubing. This is covered as stated in Section Six of the Certificate of Insurance.
- Vitamins and minerals (both OTC and legend), except legend prenatal vitamins for pregnant and nursing females, liquid or chewable legend pediatric vitamins for children under age 13, and potassium supplements to prevent/treat low potassium.
- Medical supplies other than those specifically provided herein, medical equipment, and support garments.
- Biological sera, and Hemophilia blood factors with the exception of programs sponsored by the Company
- Medications used to enhance athletic performance, including but not limited to, anabolic steroids
- Refill of prescriptions resulting from loss or theft or resulting from damage by the Covered Individual.
- Medications for treatment of diseases of teeth and gums, except fluoride tablets or drops.

Coventry Health Care is a registered trade name of Southern Health Services, Inc., a Virginia HMO. PPO products are underwritten by Coventry Health and Life Insurance Company and administered by Southern Health Services, Inc. in Virginia. This brochure is intended to be used with prospective and renewing members. This brochure refers to form numbers SH4TRX.11-09, SH.PPORX.10, SH.RX.10, SH4TPPORX.09, and CHL.PPORX.7-07.

