

# PRESCRIPTION BENEFITS GUIDE

Inside you'll learn about:

- Benefit basics
- Answers to common questions





# BENEFIT BASICS

## Understand a Tiered Plan

Think of tiers like steps: the lower the “step” (or tier), the less you pay for your medication. Before filling a prescription, it’s a good idea to check our Drug Formulary for your medication’s tier. The plan you’re on will affect your copayments or coinsurance. You’ll always pay the lowest amount for a Tier 1 drug.

If you or your doctor requests a brand-name drug when the generic is available on a lower tier, you’ll usually pay the copayment or coinsurance for the generic drug, plus the difference in cost between the brand-name drug you requested and the generic drug.

## Specialty Tier Drugs

These drugs are usually for complex and ongoing conditions. To work correctly, they often have special directions or need to be given by a healthcare professional. Check your plan documents for your tier and copayment information.

## Mail-Order

Our mail-order program brings savings to your doorstep. To enroll in our mail-order program, contact OptumRX, our pharmacy benefits manager, at (855) 209-1292.

You may be able to get a discount on your 90-day supply of medications. Please refer to your plan benefits for more information.

## Find Resources Online

Join our many members already using [YourHealthAlliance.org](http://YourHealthAlliance.org) to get instant access to your drug coverage anytime, anywhere. When you register as a member, you can:

- View your prescription drug benefits
- Print ID cards
- Connect to our prescription benefits program, which lets you:
  - Look up information about drugs and their prices
  - See a history of your prescriptions



# ANSWERS TO COMMON QUESTIONS

## Will my doctor always prescribe a drug on the lowest tier?

Not always. Your doctor sees patients on many different health plans and probably doesn't know the details of everyone's specific pharmacy coverage.

Before your doctor writes your prescription:

- Tell your doctor you have a tiered pharmacy plan.
- Ask if there is a low-tier or generic drug that is right for you.
- Remember to be covered, most plans require you to fill prescriptions at an in-network pharmacy. Visit [HealthAlliance.org/Find-a-Pharmacy](https://www.healthalliance.org/Find-a-Pharmacy) to find covered pharmacies near you.

## Can I get a refill of my prescription before I go on vacation if I know I'll run out before I get back?

Each year, you can ask for two early refills per 30-day supply of each of your maintenance drugs (except schedule II controlled substances) from your local pharmacy to take with you on a trip.

If you'll be staying in the United States, you could also fill your prescriptions at an in-network pharmacy, like Walmart or CVS, while on your trip.

Specialty drugs are excluded from early refill requests. Our specialty drug vendor will ship your drugs to your destination within the U.S. Please refer to your formulary to learn more.

For travel outside the U.S., check that country's drug restrictions before you go. Some countries have strict rules on which drugs you can bring with you. Please note, we don't cover routine-medical-care and maintenance drugs provided outside the U.S.

## What else do I need to fill a prescription?

You'll need to show the pharmacist your member ID card to make sure you pay the right copayment amount and to make sure your plan covers the drug.

## When can I get a refill?

You can refill your prescription after you've taken three-fourths (75 percent) of your last prescription as prescribed. For instance, if you have a 30-day prescription, you can get your next month's drugs after you have taken 23 days' worth of the drugs you have.

## Why do I need preauthorization to take a drug my doctor prescribed?

We have two kinds of preauthorization:

- Step-therapy is a tool to control costs for certain drug groups. If you have a new prescription for a certain type of drug, you have to first try the most cost-effective drug in that group before another one is covered. In most cases, the cost-effective drug will work for you. If it doesn't, your doctor will need to request preauthorization for another drug in the same group.
- We also have preauthorization for other drugs to make sure they are being used for the right medical diagnosis.

Medications that require preauthorization (PA), step therapy (ST), or any coverage requirements will be notated with letters next to them in your Drug Formulary.

Visit [HealthAlliance.org/Pharmacy](https://www.healthalliance.org/Pharmacy) to view your Drug Formulary and find other helpful information about your pharmacy benefits. You may also call our Pharmacy Department at (800) 851-3379, option 4, for more information.



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