



Pharmacy Information for Carson Tahoe Health Qualified High Deductible Health Plan

Welcome to University of Utah Health Plans!

Here is some general information regarding your Pharmacy Benefits, Effective January 1, 2022

Embedded Plan Deductible: \$2,700 Individual / \$5,400 Family (CYD)

Retail Pharmacy – up to a 31 day supply

Tier 0 (Preventive Drugs required by PPACA)	No cost
Tier 1 (Preferred Generic Drugs)	20% coinsurance, after CYD
Tier 2 (Preferred Brand Drugs / Non-Preferred Generic Drugs)	20% coinsurance, after CYD
Tier 3 (Non-Preferred Brand Drugs)	20% coinsurance, after CYD
Tier 4 (Preferred Specialty Drugs)	20% coinsurance, after CYD

***Specialty Drugs require Prior Authorization and must be filled through the designated Specialty Pharmacy**


Mail Order Pharmacy ** – up to a 90 day supply – selected drugs

Tier 0 (Preventive Drugs required by PPACA)	No cost
Tier 1 (Preferred Generic Drugs)	20% coinsurance, after CYD
Tier 2 (Preferred Brand Drugs / Non-Preferred Generic Drugs)	20% coinsurance, after CYD
Tier 3 (Non-Preferred Brand Drugs)	Not Available for 90 day supply
Tier 4 (Preferred Specialty Drugs)	Not Available for 90 day supply

****90 day supply can be obtained through Birdi (formerly NoviXus) Mail Order pharmacy or at in-network pharmacies for Tier 0, 1, and 2 drugs**


Special Maintenance Drug Benefit – Limited Drug Categories

Tier 1 M (Limited Preferred Generic Drugs)	No cost
Tier 2 M (Limited Preferred Brand Drugs / Non-Preferred Generic Drugs)	No cost

A limited number of medications fall under the Special Maintenance Drug Benefit. This pharmacy benefit allows certain Tier 1 and Tier 2 prescription drugs to be covered at no cost to members, without meeting deductible and/or maximum out-of-pocket expenses. Medications designated under the special maintenance drug benefit will show on the preferred drug list/formulary marked with an  indicating Special Maintenance Drug Benefit.

Please Note:

- *Quantity Limits, Step Therapy, and Prior Authorizations may apply to medications*
- *Brand-Generic Charge is applied if you choose to fill a Brand name drug when a generic is available. A brand-generic charge is the difference in cost from the Generic to the Brand name drug. This charge is added to the regular cost sharing outlined in your benefits summary. The brand-generic charge does not apply towards your Out-of-Pocket Max.*

U of U Health Plans partners with pharmacy benefit manager, . Your pharmacy needs to submit claims to RealRx at the BIN and PCN listed below. No Group ID is required.

BIN: 610830

PCN: REALRX

Pharmacy Customer Service is available at **(855) 859-4892**, 24 hours/7days a week/365 days a year. We can answer questions related to your pharmacy needs such as finding a medication on UUHPs Preferred Drug List (PDL), locating a network pharmacy, prior authorization, member portal, mail order program, and providing information on processed pharmacy claims. Pharmacy Customer Service is also available to work directly with your pharmacy on any questions or issues related to processing a claim.