

2009 Pharmacy Program

\$10/\$20/\$45

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|----------------|---------------------|
| \$10 copayment | Preferred Generic |
| \$20 copayment | Preferred Brand |
| \$45 copayment | Non-Preferred Drugs |

Please refer to Southern Health's 2009 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 drug is a preferred generic or there is a preferred generic available that can be substituted for the drug. 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.

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 prescription through the mail order program. Have your doctor write your prescription for a 90-day supply. You will pay:

- two copayments for up to a 90-day supply of a preferred generic
- two copayments up to a 90-day supply of a preferred brand
- two copayments for up to a 90-day supply of a non-preferred brand.

Southern Health's 2009 Prescription Drug List and mail order forms are available from your employer. In addition, you may visit our website at **www.southernhealth.com** for prescription information and forms.

The Pharmacy Program refers to form numbers SH.Rx.7-07 and CHL.PPO.Rx.7-07.

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