



UUHP
Summary of Prescription Benefits
Effective 1/1/2018

Retail 30	
Tier 1	\$10
Tier 2	\$20
Tier 3	\$35
Tier 4	20%
Retail 90/Mail Order	
Tier 1	\$25
Tier 2	\$50
Tier 3	\$87.50
Tier 4	20%
Deductible not applicable to prescription medications.	
Combined Out-of-Pocket Maximum \$4,000 Single/\$8,000 Family	
Members will be required to pay the difference between the brand and generic allowance in addition to copayment, unless physician writes "Brand Necessary" (DAW1) on the prescription, or if no generic equivalent exists.	