

Co-insurance

The co-insurance pharmacy benefit is a multi-level plan where a co-insurance is charged for each prescription. You may obtain your covered medications from 3 different sources:

- Retail** **30-day supply** - Retail 30-day supply pharmacy is available for prescriptions you need right away or prescriptions that you will use for a short time only. You have over 62,000 pharmacies to choose from including Walgreens, Fry's, Safeway, Costco and Wal-Mart (just to name a few). To locate the nearest retail pharmacy in your network, please call 1-800-207-2568 or access the www.mywhi.com Web site. **You may fill up to two 30-day fills of all maintenance medications. All other refills must be filled through certain retail 90-day supply pharmacies (see below), or through mail service.**
- 90-day supply** - Retail 90-day supply pharmacy is available for medications that you will take long term or as a maintenance drug. Examples of maintenance medications are insulin, asthma inhalers, high blood pressure medications, and oral contraceptives. 90-day supply pharmacies include Walgreens, Albertson's, Bashas, CVS, Fry's, K-Mart, Osco, Safeway, Sam's Club, Target and Wal-Mart.
- Mail Service** **90-day supply** – Mail Service 90-day supply pharmacy is available to fill up to a 90-day supply of maintenance medication, or a medication you will take for chronic health conditions. You can order your 90-day supply of medication from Walgreens Mail Service. Please remember to ask your doctor for a new 90-day prescription.

The co-insurance plan uses a preferred medication list, which can be found on www.mywhi.com.

There are 4 levels of covered medications on the coinsurance plan: generic, preferred brand, non-preferred brand, and specialty.

	Retail 30-day copays	Retail 90-day copays	Mail 90-day copays
Generic:	25% coinsurance Minimum \$2.00 Maximum \$12.00	25% coinsurance Minimum \$6.00 Maximum \$36.00	15% coinsurance Minimum \$6.00 Maximum \$28.00
Preferred Brands:	30% coinsurance Minimum \$5.00 Maximum \$30.00	30% coinsurance Minimum \$15.00 Maximum \$90.00	25% coinsurance Minimum \$15.00 Maximum \$70.00
*Non-Preferred Brands:	50% coinsurance Minimum \$20.00 No Maximum	50% coinsurance Minimum \$60.00 No Maximum	50% coinsurance Minimum \$60.00 No Maximum
Specialty Pharmacy Medications (not on Preferred Drug List)* :	*certain specialty medications require a prior authorization \$50.00	not available in 90-day supply	not available in 90-day supply

*Non-preferred brands with a generic equivalent have a copay of 50% of the contract rate plus the cost difference between the brand and the generic.

Clinical Prior Authorization— Certain prescriptions may require clinical prior authorization before they will be covered. The categories/medications that require clinical prior authorization may include, but are not limited to:

- Acne Topical
- ADHD/Narcolepsy
- Anabolic Steroids
- Anti-Emetics
- Anti-Obesity Medications
- Atopic Dermatitis
- Butorphanol
- Byetta
- Certain Narcotic Medications
- Crinone 8%
- Insomnia Medications
- Lamisil / Sporanox
- Migraine Medications
- Penlac
- Ranexa
- Symlin
- Step Care Leukotrienes
- Step Care Cox-II Inhibitors
- Step Care Prilosec
- Step Care SSRIs
- Step Care DPP-4-inhibitors
- Step Care Long Acting Beta 2 Agonists (LABA)
- Step Care OTC Non-sedating Antihistamines

To request approval, the pharmacy, the physician or you may call 1-877-665-6609. Please have available the name of your medication, physician's name, phone (and fax number, if available), your ID number, and your Rx Group number of 512229.

Anti-inflammatory medications (such as Ibuprofen and Naproxen, etc.) that have an over the counter (OTC) equivalent are not covered through the Maricopa County prescription program.

