Dear Member:

The University of Toledo is pleased to announce its continuous partnership with informedRx, who will be administering the prescription drug program for The UT Medical Mutual of Ohio CDHP beginning with the 2012 benefit year.

Please familiarize yourself with the materials included in this booklet to get the most from your prescription drug plan.

**Prescription Drug Program**

When you fill prescriptions you will pay the cost of your prescription until the deductible has been met except for certain preventive medications. Once the deductible is met you pay the copay that is detailed below. Once the out-of-pocket maximum has been met, all prescriptions are covered at 100%

**Preventive Medication Feature**

The Preventive Medication Feature provides coverage for certain medications without first meeting your deductible. Please refer to the preventive medication list at [www.utoledo.edu/depts/hr/benefits/index.html](http://www.utoledo.edu/depts/hr/benefits/index.html) to find medications that meet criteria.

**University of Toledo Our Parent Pharmacy**

There are copay and price advantages to using UT Pharmacies. When you fill prescriptions at the UT Pharmacies, if the cost of the medication falls below the copayment you will only pay the cost of the medication.
Pharmacy Hours of Operation

Main Campus Outpatient Pharmacy
Monday-Friday 7:30 am – 6:00 pm
Saturday and Sunday 9:00 am- 2:00 pm
(Will be closed some University holidays)
*hours subject to change
*summer hours posted

Health Science Campus Outpatient Pharmacy
Monday-Friday 9:00 am – 6:00 pm
(Will be closed some University holidays)

Your physician can call or fax a new prescription to one of the UT pharmacy locations or you may use any retail network pharmacy with a higher copay after meeting deductible. Please refer to the co-pay grid on page one. If using a University of Toledo pharmacy, refilling your prescription can be done in person, by calling in or on-line at www.utoledo.edu/outpatientpharmacy.

Covered Services:
Covered medications must meet the following requirements:
- Prescribed by a licensed provider;
- The prescription medication is approved by the Food and Drug Administration (FDA); and
- Purchased at a UT pharmacy location or at a participating retail network pharmacy.

Examples of EXCLUDED Drugs
- Impotence tablets
- PREVEN and Plan B
- IUD’s and other contraceptive devices
- Fertility
- Growth Hormones
- Weight Loss medications

University of Toledo Outpatient Pharmacy Locations to Serve You.

- **Main Campus Pharmacy** is located in the Student Medical Center on the University of Toledo Main Campus
  - Phone: 419-530-3471
  - Fax: 419-530-3473

- **Health Science Campus Pharmacy** is located in the basement of The University of Toledo Medical Center
  - Phone: 419-383-3750
  - Fax: 419-383-3208

- You may also visit a retail pharmacy of your choice but you will notice copayment savings by using one of The University of Toledo Outpatient Pharmacies

Drug Copays for preventative drugs or after meeting deductible:
The prescription drug program co-pays are as follows:

<table>
<thead>
<tr>
<th></th>
<th>UT Pharmacies</th>
<th>Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (Generic)</td>
<td>$5.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Tier 2 (preferred Brand)</td>
<td>10% ($40 max per Rx)</td>
<td>20% ($80 max per Rx)</td>
</tr>
<tr>
<td>Tier 3 (non-preferred Brand)</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>90 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (Generic)</td>
<td>$10.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Tier 2 (preferred Brand)</td>
<td>10% ($100 max per Rx)</td>
<td>20% ($200 max per Rx)</td>
</tr>
<tr>
<td>Tier 3 (non-preferred Brand)</td>
<td>20%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Compound Medications
Compounds medications are covered under your UT pharmacy copay once the deductible has been met at one of the following compounding pharmacies:
- UT Pharmacy Locations
- Aring’s Compound Center
- Buderer Drug Company

Preferred Formulary Drug List
If you would like to review or print a copy of your Abbreviated Preferred informedRx Formulary Drug List please visit the informedRx website at www.utoledo.edu/depts/hr/benefits/index.html.

Please Note: This is not a complete formulary list and is subject to change without advance notice. This list is a tool that helps guide you and your physician in choosing medications that allow the most effective use of your prescription drug benefit. By prescribing plan-preferred brand or generic drugs, your physician can help save you money. We encourage you to share the Abbreviated Preferred Formulary Drug List with your physician and other health care providers. When receiving a new prescription, remember to ask your doctor to prescribe generic medication when applicable. Your co-pay is the lowest when you receive generic medications dispensed at a UT Pharmacy location.

Your Prescription ID Cards are Included
Please check the name(s) on your Prescription ID card for accuracy before using. The ID number printed on your ID card is your University Rocket ID number. If your card is incorrect or you need an additional card(s), contact the informedRx customer service center via our toll free number 1-800-325-1810.

Thank you, we look forward to serving you.

Sincerely,

informedRx