

# Prescription Drug Benefits

Stryker's healthcare plan provides benefits for covered prescription drugs, including contraceptives, insulin and diabetic supplies. Benefits are paid for covered drugs that are medically necessary for treatment of a sickness or injury that is not job-related. Covered drugs must be prescribed by a licensed physician or dentist and dispensed by a registered pharmacist.

This section of the Benefits Summary describes the plan administered by UnitedHealthcare. If you are enrolled in an HMO or other insured medical plan that includes prescription drug benefits, please refer to your contract or benefit booklet for information regarding your prescription drug coverage.

## How Prescription Drug Benefits Work

UnitedHealthcare administers your prescription drug benefits. You may purchase covered prescriptions through the UnitedHealthcare pharmacy:

- At a participating retail pharmacy, including many chain and local pharmacies
- Through the mail from the convenient home delivery service (for long-term maintenance medications)

Benefits for covered prescription drugs are payable whether or not you use a pharmacy in the UnitedHealthcare network, although your out-of-pocket costs are lower when you use participating pharmacies. There is no deductible or out-of-pocket maximum for prescription drug benefits.

### Preferred Drug List

The UnitedHealthcare/Medco program includes a preferred drug list (PDL) called the Advantage PDL. The PDL is a guide to help providers prescribe cost-effective medication. Use of the list is completely voluntary for you and your provider.

Benefits are available for outpatient prescription drugs that are considered Covered Health Services. Medications delivered during an inpatient stay are typically covered by the medical plan.

The plan pays benefits at different levels for Tier-1, Tier-2 and Tier-3 prescription drugs. All prescription drugs covered by the plan are categorized into these three tiers on the prescription drug list (PDL). The tier status of a prescription drug can change periodically based on the Prescription Drug List Management Committee's periodic tiering decisions. When that occurs, you may pay more or less for a prescription drug, depending on its tier assignment. Since the PDL may change periodically, you can visit [www.myuhc.com](http://www.myuhc.com) or call UnitedHealthcare at **800 387 7508** for the most current information.

Each tier is assigned a copay, which is the amount you pay when you visit the pharmacy or order your medications through mail order. Your copay will also depend on whether or not you visit the pharmacy or use the mail order service.

Here's how the tier system works:

- **Tier-1** is your lowest copay option. For the lowest out-of-pocket expense, you should consider Tier-1 drugs if you and your provider decide they are appropriate for your treatment.
- **Tier-2** is your middle copay option. Consider a Tier-2 drug if no Tier-1 drug is available to treat your condition.
- **Tier-3** is your highest copay option. The drugs in Tier-3 are usually more costly. Sometimes there are alternatives available in Tier-1 or Tier-2.

**Your Prescription Drug Benefits**

The following table shows your copays and the benefits available to you under this plan.

UnitedHealthcare Network Pharmacy or Home Delivery Service	Non-Network Pharmacy
<ul style="list-style-type: none"> <li>▪ At a pharmacy, you pay:                             <ul style="list-style-type: none"> <li>▫ \$10 copay for a Tier 1 drug</li> <li>▫ \$25 copay for a Tier 2 drug</li> <li>▫ \$50 copay for a Tier 3 drug</li> </ul> </li> <li>▪ Through home delivery, you pay:                             <ul style="list-style-type: none"> <li>▫ \$25 copay for a Tier 1 drug</li> <li>▫ \$62.50 copay for a Tier 2 drug</li> <li>▫ \$125 copay for a Tier 3 drug</li> </ul> </li> <li>▪ No claim forms</li> <li>▪ Up to a 31-day supply</li> <li>▪ Home delivery service for up to a 90-day supply; refills by phone or via the Internet</li> </ul>	<ul style="list-style-type: none"> <li>▪ You pay full cost of covered prescription at time of purchase</li> <li>▪ Your reimbursement is equal to UnitedHealthcare’s discounted drug cost, minus the appropriate copay in the column to the left</li> <li>▪ Claim forms required</li> <li>▪ Up to a 31-day supply</li> </ul>

**Generic Drugs**

One way that UnitedHealthcare manages costs for both you and Stryker is to use generic drugs when available. Only FDA “A” rated generic equivalent drugs are dispensed through both the network and home delivery pharmacies. “A” rated generics are subject to the same FDA regulations as brand-name drugs and considered to be equal in therapeutic effectiveness and safety when taken as prescribed. The main difference between generic and brand-name drugs is price; generics generally cost substantially less.

**Discounts on Non-Covered Medications**

Stryker’s prescription drug plan does not cover the cost of medications used for smoking cessation, weight loss or infertility treatment. However, you are able to purchase these medications at a discounted cost through UnitedHealthcare’s home delivery (mail-order) program. Your cost for these medications will be based on discounted wholesale prices negotiated by UnitedHealthcare.

**Rebates**

UnitedHealthcare receives rebates for certain brand-name medications included on the preferred drug list. A portion of these rebate payments are shared with Stryker and are used to offset the cost of Stryker’s Health Plan. Neither UnitedHealthcare nor Stryker are required to pass on to you, and do not pass on to you, amounts payable under rebate or other discount programs.

**Expenses Not Covered**

The plan does not cover the following:

- Drugs or medicines lawfully obtainable without a prescription
- Fertility agents and prescription drug products prescribed to treat infertility
- Injectable medication and chemotherapy agents administered by a physician or healthcare professional; these medications are generally covered under the medical plan (Injectable medications that are commonly self-administered, like insulin, are covered.)
- Smoking cessation medications
- Weight loss and appetite suppression products
- Any drug considered to be experimental or investigational by the Food and Drug Administration (FDA) or medications used for experimental indications and/or dosage regimens considered to be experimental
- Durable medical equipment and prescribed and non-prescribed outpatient supplies other than disposable insulin syringes, insulin pen injectors, needles, lancets and test strips prescribed with injectable insulin
- Immunization agents, biological sera, allergens, allergenic extracts (oral or injectable) and blood or blood plasma (These medications are generally covered under the medical plan.)
- Any medication administered and entirely consumed in connection with direct patient care rendered in the home by licensed healthcare professionals (These medications are generally covered under the medical plan.)
- More than a 31-day supply of a covered drug from a retail pharmacy, or more than a 90-day supply of a covered drug from the home delivery program

- Any medication consumed or administered at the place where the prescription is written, including medication taken or administered while the individual is in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution
- Any covered drug in excess of the quantity specified by the physician, or any refill dispensed after one year from the physician's original order
- Any product used for cosmetic purposes without prior approval from UnitedHealthcare
- Any charge for the administration of covered prescription drugs
- Any drug that may be covered under local, state or federal programs, including Workers' Compensation
- Any amounts over the allowable UnitedHealthcare discounted drug cost
- General vitamins, except prenatal vitamins, vitamins with fluoride and single entity vitamins that require a prescription
- Compounded medications that do not contain at least one ingredient that requires a prescription
- A prescription drug product that contains an active ingredient available in a therapeutically equivalent to another prescription drug product
- A prescription drug product that contains an active ingredient which is a modified version of and therapeutically equivalent to another prescription drug product

## How to Obtain Prescription Drug Benefits

### Network Pharmacies

If you use a UnitedHealthcare network retail pharmacy for your covered prescriptions, you pay the appropriate copay, as described in "How Prescription Drug Benefits Work" on page 51. When you present your UnitedHealthcare ID card at a network pharmacy, there are no claims to file.

### Home Delivery Service

The home delivery service allows you to order up to a 90-day supply of maintenance medication through the mail. Maintenance medications are prescription drugs taken on a regular or long-term basis. Examples include oral contraceptives and blood pressure medication. Covered prescriptions are delivered directly to your home in unmarked, tamper-resistant packages by First Class mail or a national delivery service. For added convenience, you may order refills by phone or via the Internet.

### Non-Network Pharmacies

If you use a pharmacy outside the network, you pay the full cost of the prescription at the time of purchase. You then must submit a claim form and itemized receipt to UnitedHealthcare. Your reimbursement will be equal to UnitedHealthcare's discounted drug costs, minus the appropriate copay, as described under "How Prescription Drug Benefits Work" on page 51. Because you are responsible for the difference between the discounted drug costs and the actual charge for the prescription, as well as your copay, your final cost will typically be more than if you used a network pharmacy.

### Prior Authorization

Certain medications must be reviewed and approved by UnitedHealthcare before your prescription is filled. Your doctor or your pharmacist can obtain prior authorization by calling **800 387 7508**. The UnitedHealthcare prior authorization team will obtain information about your diagnosis and your doctor's drug therapy treatment plan, and determine whether the prescription is approved. Prior authorizations are valid for one year.

The following drugs currently require prior authorization:

- Alfa interferons
- Antiemetic agents
- Avita-Penderm
- Avodart
- Differin-Galderma
- Growth hormones
- Narcotic analgesics
- Neuraminidase inhibitors
- Proscar
- Regranex
- Retin-A
- Tracleer
- Wellbutrin SR

This list may change from time to time, as determined by UnitedHealthcare.

### Special Programs

#### Specialty Pharmacy

Some medications are covered as medical benefits rather than as prescription benefits. Please see “Specialty Pharmacy” in the *Medical Benefits* section for further details.

#### Step Therapy

Certain prescription drug products or pharmaceutical products for which benefits are described in this Benefits Summary are subject to step therapy requirements. This means that in order to receive benefits for such prescription drug products or pharmaceutical products, you are required to use a different prescription drug product or pharmaceutical product first.

You may determine whether a particular prescription drug product or pharmaceutical product is subject to step therapy requirements at UnitedHealthcare’s web site at [www.myuhc.com](http://www.myuhc.com) or by calling Customer Care at **800 387 7508**.

#### Vacation/Travel Overrides

If you are going to be away from home for an extended period of time, you may want to refill your prescription before you leave—even if you have not used up your current supply of medication. In these situations, contact UnitedHealthcare at **800 387 7508** to request special authorization for the prescriptions you need to take with you on your trip. If you prefer, you can ask your pharmacy to call UnitedHealthcare to make the request on your behalf.

### Notice of Creditable Coverage

If you are approaching age 65, you will receive information before your 65<sup>th</sup> birthday about Medicare Part D, the government’s prescription drug program, and how it will work with Stryker coverage.

### How to Reach UnitedHealthcare

UnitedHealthcare  
Stryker Group #: 703997  
P.O. Box 740800  
Atlanta, GA 30374-0800  
**800 387 7508**