

PRESCRIPTION DRUG COVERAGE

When you select a Southwest medical plan, you're automatically enrolled in our prescription drug plan. Your prescription coverage is managed by SmithRx, one of the nation's leading pharmacy partners.

You have three ways to get your prescriptions filled.

1. SOUTHWEST GENERAL PHARMACY

Purchase a 31-day or 90-day supply of maintenance drugs through Southwest General Pharmacy. If you utilize Southwest for your prescription needs, you will have a lower deductible and cost share under the PPO plans.

2. RETAIL (NON-MAINTENANCE MEDICATIONS)

Use SmithRx's nationwide network of more than 85,000 participating pharmacies for up to a 31-day supply. Locally the following are still in-network: Southwest General Pharmacy, CVS, Walmart and Costco.

3. BY MAIL*

Order a 90-day supply through Amazon Pharmacy. Enroll online at www.amazon.com/smithrx and click on 'Get Started'.

All Southwest health care plans maintenance medications must be filled through the Southwest Community Pharmacy or via mail order with Amazon Pharmacy. Prescriptions filled through the Southwest Community Pharmacy will have a lower cost sharing under any of the Southwest PPO plans. Note, CDHP plan participants will pay the full cost of prescriptions until the deductible is met. Maintenance medications are any medications with two or more fills.

Prescription Drug Plan Benefit Summary	CDHP	Basic PPO / High PPO Plan	MedFlex Select
Annual Deductible (Retail)	All Rx charges are subject to the medical plan aggregate deductible	\$25 Individual/\$75 Family	\$0
Annual Out-of-Pocket Coverage	Covered Rx charges are combined with medical charges and accumulate toward the medical plan annual out-of-pocket maximums. Once the maximum is reached, covered expenses will be paid at 100% for the remainder of the plan year.		

Prescription Drug Coverage: All Southwest Plans	Retail (31-day supply)	Southwest Retail (31-day supply)	Southwest Community Pharmacy Maintenance Prescriptions (90-day supply)	Mail Order Maintenance Prescriptions (90-day supply)
	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Generic	20% Minimum \$5.00 Maximum \$50.00	10% Minimum \$5.00 Maximum \$50.00	10% Minimum \$5.00 Maximum \$50.00	20% Minimum \$10.00 Maximum \$125.00
Formulary	30% Minimum \$30.00 Maximum \$75.00	20% Minimum \$30.00 Maximum \$75.00	20% Minimum \$30.00 Maximum \$75.00	30% Minimum \$75.00 Maximum \$188.00
Non-Formulary	50% Minimum \$70.00 Maximum \$200.00	50% Minimum \$70.00 Maximum \$200.00	40% Minimum \$140.00 Maximum \$400.00	50% Minimum \$175.00 Maximum \$500.00
Specialty	You pay 20%	You pay 20%	You pay 20%	You pay 20%

Note: When a member requests a brand name drug with a generic available, the member will be charged the difference in the cost between the brand and the generic drug plus the brand copay.

Prescription Drug Infertility coverage of 50% coinsurance, \$5,000 Lifetime Max.

Step Therapy: A step therapy program uses an automated process to determine whether you qualify for coverage based on information we have on file, such as medical history, drug history, age and gender. This program requires that you try another drug before the target drug can be covered by your plan, unless special circumstances exist. If your doctor believes that special circumstances exist, he or she may request a coverage review. For a listing of drugs in the step therapy program, contact SmithRx.

* Prescription mail-order service is managed Amazon Pharmacy. Enroll at www.amazon.com/smithrx and click on 'Get Started'.