



HI preferredRxSM & HIselectRxSM

Summary of Benefits Pharmacy Insurance Plans

This summary provides a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the Guide to Benefits, which may be obtained from your employer, for complete information on benefits. In the case of discrepancy between this summary and the language contained within the Guide to Benefits, the latter will take precedence.

	HIpreferredRx SM	HIselectRx SM
	*All drugs over \$125 will have a 20% Co-Insurance	*All drugs over \$150 will have a 20% Co-Insurance
Prescription Drugs		
Generic	\$5	\$10
Preferred Brand Names	\$15	\$30
Other Brand Names	\$30	\$60
Specialty Drugs*	20%	20%
Diabetic Supplies		
Generic	\$5	\$5
Preferred Brand Names	\$5	\$5
Other Brand Names	\$20	\$20
Insulin Supplies		
Preferred Brand Names	\$5	\$5
Other Brand Names	\$20	\$20

Mail Order Drug Benefits

	HIpreferredRx SM	HIselectRx SM
	*All drugs over \$125 will have a 20% Co-Insurance	*All drugs over \$150 will have a 20% Co-Insurance
Prescription Drugs		Prescription Drugs
Generic	\$10	\$20
Preferred Brand Names	\$30	\$60
Other Brand Names	\$60	\$120
Specialty Drugs*	20%	20%
Diabetic Supplies		Diabetic Supplies
Generic	\$10	\$10
Preferred Brand Names	\$10	\$10
Other Brand Names	\$40	\$40
Insulin Supplies		Insulin Supplies
Preferred Brand Names	\$10	\$10
Other Brand Names	\$40	\$40

NOTE: Each drug dispensed is limited to a 30-day supply. A 30-day supply is defined as a supply lasting the member for a period consisting of 30 consecutive days, except for the 90 day-fill from a Family Health Hawaii contracted provider.

*Specialty Drugs are not covered out-of-network (Non-Participating Pharmacies)

All of Family Health Hawaii's plans are a mandatory generic, which means if there is a generic equivalent and a brand name drug is dispensed, and then the member is responsible for the respective brand name co-pay plus the cost difference between the generic and the brand name drug.

The above reimbursement percentages are based on participating pharmacy negotiated charges. If you go to a non-participating pharmacy, member pays the total amount up front and is reimbursed based upon the wholesale price minus the applicable copayments plus a 20% Non-Participating Pharmacy Cost Share. The member will be responsible for any remaining balance over the eligible charge up to the full billed amount.

Please refer to the appropriate drug rider plan certificate for complete information on benefits and provisions.