

## Pharmacy Benefit Dimensions®

An Independent Health company



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** This document covers your prescription coverage through Pharmacy Benefit Dimensions. Your medical coverage is through Univera Healthcare and information regarding your benefits can be found in the attached SBC. Complete Prescription plan information can be obtained at [www.pbdrx.com](http://www.pbdrx.com) or by calling 1-888-878-9172.

	Services you may need	What you will pay		Limitations, Exceptions & Other Important Information
		Network Provider	Out-of-Network Provider	
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <b>www.pbdrx.com</b>	Generic drugs (Tier 1)	\$0 co-pay/prescription (retail and mail order) \$0 co-pay/prescription contraceptives	Not Applicable	A 30-day supply at retail is 1 co-pay; a 90-day supply (maintenance drugs) at retail is 2½ co-pays; a 90-day supply (maintenance drugs) at mail order is 1 co-pay. Some generic drugs may be subject to non-preferred brand co-pay.
	Preferred brand drugs (Tier 2)	\$30/\$60/\$90 co-pay/prescription (retail and mail order) \$0 co-pay/prescription contraceptives if no generic is available	Not Applicable	A 30-day supply at retail is 1 co-pay; a 90-day supply (maintenance drugs) at retail is 2½ co-pays; a 90-day supply (maintenance drugs) at mail order is 1 co-pay. If a generic equivalent is available, members will pay the cost differential between the brand and generic drug plus the brand co-pay.
	Non-preferred brand drugs (Tier 3)	\$50/\$100/\$150 copay/prescription (retail and mail order); \$0 copay/prescription contraceptives if no generic is available	Not Applicable	A 30-day supply at retail is 1 co-pay; a 90-day supply (maintenance drugs) at retail is 2½ co-pays; a 90-day supply (maintenance drugs) at mail order is 1 co-pay.
	Specialty drugs	\$0 co-pay/generic \$30 co-pay/preferred brand \$50 co-insurance /non-preferred brand	Not Applicable	Specialty drugs could be generic, preferred brand or non-preferred brand, and must be obtained from Reliance Rx or an associated participating specialty pharmacy.
<b>Important question</b>	<b>Answer</b>			
<b>What is the out-of-pocket limit for this plan?</b>	\$5,000 / \$10,000 (combined medical & Rx)			

## Notice of Nondiscrimination

### Discrimination is Against the Law

Pharmacy Benefit Dimensions is a subsidiary of Independent Health and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pharmacy Benefit Dimensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### Pharmacy Benefit Dimensions:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Pharmacy Benefit Dimensions' Member Services Department.

If you believe that Pharmacy Benefit Dimensions has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pharmacy Benefit Dimensions' Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 1-800-432-1110, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



<b>English</b>	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Spanish</b>	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Chinese</b>	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 1-800-432-1110)。
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп: 1-800-432-1110).
<b>French Creole</b>	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Korean</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 1-800-432-1110)번으로 전화해 주십시오.
<b>Italian</b>	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Yiddish</b>	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט. 1-800-665-1502 (TTY: 1-800-432-1110)
<b>Bengali</b>	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৬৬৫-১৫০২ (TTY: ১-৮০০-৪৩২-১১১০)।
<b>Polish</b>	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Arabic</b>	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بر- 1-800-665-1502 (رقم هاتف الصم والبكم: 1-800-432-1110).
<b>French</b>	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (ATS : 1-800-432-1110).
<b>Urdu</b>	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-800-665-1502 (TTY: 1-800-432-1110)
<b>Tagalog</b>	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Greek</b>	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 1-800-432-1110).
<b>Albanian</b>	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 1-800-432-1110).