

Western Health Advantage shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) located on the MyWHA Plan toolbar at mywha.org.

Medications on a member's plan are categorized as follows in WHA's Evidence of Coverage:

- Tier 1 – Preferred generic and certain preferred brand name medication
- Tier 2 – Preferred brand name and certain non-preferred generic medication*
- Tier 3 – Non-preferred (generic or brand) medication*

\$10 Tier 1
 \$20 Tier 2*
 \$30 Tier 3*

\$20 Tier 1
 \$40 Tier 2*
 \$60 Tier 3*

20%** Home self-injectable medication
 up to \$100 maximum per 30-day supply

50%** Erectile Dysfunction medication*
 up to \$250 maximum per 30-day supply

none Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women's contraceptives; generic required if available