## Due to the COVID-19 Pandemic, as of 3/16/20, the Dartmouth Student Group Health Plan (DSGHP) has added the following benefits until further notice:

- DSGHP will cover COVID-19 testing & COVID-19 Telehealth with no cost-sharing to enrollees. Enrollees will not pay any out-of-pocket costs for this service.
- DSGHP will cover COVID-19 antibody testing at 100% if done at an in-network provider/facility (as of 3/17/20).
- All referrals requirements, from Dartmouth College Health Service, have been waived until 8/31/20.
- DSGHP will cover telemedicine (phone/video medical & mental health appointments) under the major medical of the plan (in & out-of-network deductibles/co-insurance/out-of-pocket maximums will be applied)

maximums will be applied).

\*\*Important prescription/medication information during this time of limited access to the three

preferred pharmacies (Dick Hall's House Pharmacy, Dartmouth-Hitchcock Pharmacy, Dartmouth
Hitchcock Pharmacy at Centerra & Cheshire Medical Center Pharmacy) \*\*

Temporarily, during this time of limited access to the three preferred pharmacies above, or until such time the Federal Government allows these pharmacies to do mail-order prescriptions to all US states, the co-pays for these preferred pharmacies have been extended to all in-network pharmacies. For a basic list of in-network chain pharmacies, please visit <a href="https://www.healthsmart.com/PDFs/HSRx-Retail-Network-Chains.pdf">https://www.healthsmart.com/PDFs/HSRx-Retail-Network-Chains.pdf</a>. If your pharmacy is not on this list, you can also ask them if they participate in the Express-Scripts network. If you have any questions about the network or prescription coverage, please call HealthSmart Rx at 1-800-681-6912, option #1.

## Please see the co-pay information below.

If receiving a thirty (30) day prescription:

- \$10 copayment for generic drugs
- \$20 copayment for preferred brand name and/or specialty drugs
- \$50 copayment for non-preferred drugs

If receiving a ninety (90) day prescription:

- \$20 copayment for generic drugs
- \$40 copayment for preferred brand name and/or specialty drugs
- \$100 copayment for non-preferred drugs

100% coverage for generic contraception medication and medically necessary brand name and/or specialty contraception medication.

- Prescriptions/Refills:
  - The College Health Service Pharmacy can mail refills on file to many states (NH, VT, MA, ME, NY, CT, PA, GA, FL, AZ, and CO). If you live in a state not on this list, the pharmacy can transfer your prescription to a local pharmacy near

you. The pharmacy stands ready to support requests for filling and mailing from here or calling refills into pharmacies near you.

- If you need a refill and your prescription was written by a College Health
  Service provider, please contact your provider through Primary Care, at
  603-646-9400, or Counseling, at 603-646-9442. Health Service providers will be happy to
  send a refill order to a pharmacy near you. If you call, please have the name, phone
  number, and full address of your preferred pharmacy when you call.
- If your prescription was written by a provider outside of the College Health Service, you should contact that provider directly for a refill.
- You should also know that given the disruption COVID-19 is causing nationally, many insurance companies, including the DSGHP, are covering prescription overrides/early refills at their usual standard rate.