Dartmouth Student Group Health Plan (DSGHP)

Preferred Pharmacy Benefits for 2023-2024 Policy Year

Did you know?
You can fill your prescription medications at a lower cost sharing amount than at other in-network pharmacies when you use any of the 4 preferred pharmacies listed below:

➢ Dick Hall’s House Pharmacy
   o Located in the Dartmouth College Health Services Building

➢ Dartmouth Hitchcock Pharmacy
   o Home delivery services are available for all of New England’s residents and many others. Shipping is free and the states they serve continue to expand.
   • Currently serving the following states:
     AZ, CA, CO, CT, FL, GA, ID, IL, IN, MA, ME, NH, NJ, NY, NC, OH, PA, RI, SD, TX, UT, VT, WA

➢ Dartmouth Hitchcock Pharmacy at Centerra
   o Located in Centerra Market Place
   o This pharmacy carries several specialty medications. The additional 3 preferred pharmacies can also fill specialty medications but may have a limited stock.

➢ Cheshire Medical Center Pharmacy
   o Located in the main lobby of the Cheshire Medical Center

The deductible will be waived at these pharmacies, and you will only be charged the applicable copay as shown below:

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 1 + 2 Specialty</th>
<th>Tier 3 Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day supply</td>
<td>$10 copay</td>
<td>$20 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>31–90 day supply</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>$100 copay</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

What if these pharmacies don’t carry my medication?

➢ Contact the DSGHP office using one of the methods below and advise that the preferred pharmacies are unable to fill your medication.
   o Email: dartmouth.student.health.plan@dartmouth.edu
   o Phone: 603-646-9438
   o Or email Wellfleet Student: pharmacy@wellfleetinsurance.com

➢ Wellfleet will verify this information and subsequently enter an override for the requested medication that will allow you to fill it at an in-network pharmacy of your choice, at the lower cost sharing amount that is normally exclusive to the preferred pharmacies.

➢ Once the medication becomes available at one of the 4 pharmacies, you will be notified by this pharmacy and will need to switch your prescription there to continue receiving the medication at the lower cost sharing amount.