

PRESCRIPTION DRUG BENEFIT SUMMARY

Formulary: Preferred Drug List (PDL)

This Plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This Plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit PacificSource.com/drug-list.

Medical Plan Deductible

You must meet the medical Plan deductible, shown on the Medical Benefit Summary, before your prescription drug benefits begin.

The amount you pay for covered prescriptions at in-network and out-of-network pharmacies applies toward your in-network medical out-of-pocket limit, shown on the Medical Benefit Summary. The co-payment and/or co-insurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of a calendar year in which you have satisfied the in-network medical out-of-pocket limit.

Affordable Care Act Standard Preventive No-cost Drug List

Your prescription benefit includes preventive care drugs at no cost to you. This benefit includes some drugs required by the Affordable Care Act. These drugs are identified on the drug list as Tier 0.

Each time a covered prescription is dispensed, you are responsible for the amounts below:

Service/Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
In-network Retail Pharmacy			
Up to a 90 day supply:	Deductible then 10% co-insurance	Deductible then 10% co-insurance	Deductible then 25% co-insurance
In-network Mail Order Pharmacy			
Up to a 90 day supply:	Deductible then 10% co-insurance	Deductible then 10% co-insurance	Deductible then 25% co-insurance
Compound Drugs**			
Up to a 90 day supply:	Deductible then 25% co-insurance		
Out-of-Network Pharmacy			
Regardless of tier up to a 90 day supply:	Deductible then 50% co-insurance or retail co-pay, whichever is greater		
Specialty Drugs – In-network Specialty Pharmacy			
Up to a 30 day supply:	Same as retail pharmacy deductible then co-insurance above		
Specialty Drugs – Out-of-network Specialty Pharmacy			
30 day max fill, no more than three fills allowed per year:	Same as retail pharmacy deductible then co-insurance above		

**Compounded medications are subject to a preauthorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

MAC C - Regardless of the reason or medical necessity, if you receive a brand name drug or if your physician prescribes a brand name drug when a generic is available, you will be responsible for the brand name drug's co-payment and/or co-insurance after the medical Plan's deductible is met. Does not apply to preventive bowel prep kit medications covered under USPSTF guidelines.

If your physician prescribes a non-formulary contraceptive due to medical necessity it may be subject to preauthorization for coverage at no charge.

See the Plan Document for important information about this prescription drug benefit, including which drugs are covered, how the tiers work, limitations and more.