

# Choose a Plan Design That Fits

## Managed Pharmacy Benefit Designs



### Optional Coverage to Enhance Any PacificSource Group Health Plan

No group benefit package is complete without prescription drug coverage. Yet, as rising healthcare costs continue to drive up health insurance premiums, employers are faced with the difficulty of providing a comprehensive employee benefit package for a reasonable cost.

At PacificSource, we understand the difficult decisions employers face. Our managed pharmacy benefit designs offer employers the flexibility to choose a plan and premium that fits their group's needs and budget.

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### About Our Pharmacy Benefit Program

#### Discounted Drug Costs

Because PacificSource contracts with one of the nation's leading pharmacy benefit management firms, CVS Caremark®, we have access to deep discounts on prescription drug costs. These discounts help us manage prescription drug claims expense and pass the savings on to our customers.

#### Managed Benefit Designs

In partnership with CVS Caremark, PacificSource has implemented several mechanisms to ensure appropriate, cost-effective drug therapy. By offering pharmacy plan designs that encourage members to choose generic and preferred drugs, we're able to further reduce prescription drug claims expense. And by educating our members and healthcare providers about the safety and efficacy of generics, we're doing our part to combat rising drug costs.

#### Preferred Drug List

PacificSource has a Preferred Drug List (PDL) that provides incentive for members to choose generic and preferred brand drugs whenever possible. The PDL includes a comprehensive number of commonly prescribed brand name medications. It's an effective method of containing prescription drug costs.

#### "MAC B Cost Structure"

Our tiered pharmacy plans are based on a "MAC B" cost structure that provides further incentive for generic drug use. Participating CVS Caremark pharmacies may substitute generic drugs for brand name medications when generics are available, and when the prescription doesn't specifically state "dispense as written."

Unless the prescription indicates no substitutions allowed, if a member decides to purchase the brand name drug when a generic equivalent is available, the member is responsible for not only the appropriate copayment, but also the cost difference between the generic and the brand name drug. Again, the MAC B represents true incentive for members to make wise, cost-effective choices at the pharmacy.

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## Prescription Drug Benefit Design Options

The plan descriptions and table provide a brief overview of our prescription drug benefit design options. For more information or to request a quote for your group, give us a call.

### Tiered Rx Plans

Except for our Tiered Value plan, our standard prescription drug plans are based on a MAC-B structure. Members requesting a brand name drug when a generic is available will pay the brand copay plus the difference in cost between the brand and its generic equivalent. Our Tiered Value 10/50/75 drug plan requires a Tier 3 copay when the member requests a brand name drug when a generic is available.

Our Tiered Value prescription plan uses a Value Drug List (VDL) with approximately 120 brand name medications. All

other prescription plans use an extended Preferred Drug List (PDL) with a comprehensive number of brand name drugs.

### Other Rx Plans

- The Rx \$15/50% plan has an annual out-of-pocket limit of \$5,000 per member. Our other prescription drug plans do not have an out-of-pocket limit.
- Retail prescription drugs and specialty drugs are limited to a 30-day maximum supply.
- All prescription drug plans include coverage for prescribed contraceptives.
- All prescription drug plans include discounts on noncovered prescriptions.

Plan Design:	Tier 1 Copay Generic	Tier 2 Copay Preferred	Tier 3 Copay Nonpreferred	Mail Order Supply Limit & Copay	Specialty Drug 30-day Copay
<b>Tiered 10/20/40</b>	\$10	\$20	\$40	90-day max 2.5 copays	\$100 or 20%, whichever is less
<b>Tiered 15/30/50</b> (Also available with \$200 per-person annual Rx deductible)	\$15	\$30	\$50	90-day max 2.5 copays	\$100 or 20%, whichever is less
<b>Tiered Value 10/50/75</b>	\$10	\$50	\$75	90-day max 3 copays	\$100 or 20%, whichever is less
<b>Rx \$15/50%</b>	\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater	90-day max 3 copays	\$15 or 50%, whichever is greater
<b>Rx 50%</b>	50%	50%	50%	90-day max 50%	50%

## How Our Pharmacy Plans Work

PacificSource members can purchase covered prescription drugs at any retail pharmacy in the CVS Caremark network. The network includes approximately 98 percent of all retail pharmacies in the United States. It also includes drugstore.com, an internet-based pharmacy service. Members simply show their PacificSource ID card at the pharmacy and make a copayment at the time of purchase. No claim forms...no phone calls to verify benefits...no hassles.

Our members can also purchase prescription drugs through one of our two contracted mail order services. For people who take maintenance medications, our mail order option is especially convenient, and there is no additional shipping or handling charge for the service.



**Bend:** 541.330.8896 • 888.877.7996  
**Eugene:** 541.686.1242 • 800.624.6052  
**Medford:** 541.858.0381 • 800.899.5866  
**Portland:** 503.699.6561 • 866.540.1191

**PacificSource.com**