

SUMMARY OF BENEFITS



BASIC HEALTH PLAN+OC PHARMACY PLAN

Your PacificSource health plan includes coverage for prescription drugs and contraceptives, subject to the limitations and exclusions described below. Your prescription drug plan does not qualify as creditable coverage for Medicare Part D.

COPAYMENTS

Each time a prescription drug is dispensed, you are responsible for a copayment. Copayments under your plan are as follows:

From a participating Caremark® pharmacy using the PacificSource Pharmacy Program:

Up to 30 day supply \$15 or 50%, whichever is greater

From the mail order service:

Up to a 30 day supply \$15 or 50%, whichever is greater

Up to a 60 day supply \$30 or 50%, whichever is greater

Up to a 90 day supply \$45 or 50%, whichever is greater

From a participating Caremark® pharmacy without using the PacificSource Pharmacy Program or from a nonparticipating pharmacy :

Up to 30 day supply \$15 or 50%, whichever is greater

USING THE PACIFICSOURCE PHARMACY PROGRAM

The Caremark® participating pharmacy network includes about 98% of all independent and large chain pharmacies in the United States. It also includes drugstore.com, an Internet-based pharmacy service.

To use the PacificSource pharmacy program, you must show the Caremark® plan number on your PacificSource ID card at the participating pharmacy to receive your plan's highest benefit level. When obtaining prescription drugs at a participating Caremark® retail pharmacy, the PacificSource pharmacy program can only be accessed through the pharmacy plan number printed on your PacificSource ID card. That plan number—V154-9645—allows the pharmacy to collect the appropriate copayment from you and bill PacificSource electronically for the balance.

If you don't present your PacificSource ID card at the time of purchase, or if you use a nonparticipating pharmacy, you will need to file a claim for reimbursement. To submit a claim, send PacificSource your pharmacy receipt, your group name and number, your name and member ID number, and the patient's name and relationship to you. We will reimburse you either 50% of the retail price, or the retail price less your plan's retail copayment, whichever is less.

Mail Order Service

Mail order prescription service is also available through your plan for most prescription drugs. If you take a medication on a regular basis, this service is a convenient way to order prescriptions and have them delivered directly to your home. There is no shipping or handling charge for standard delivery. For more information, please visit the For Members area of our Web site, www.pacificsource.com.

OTHER COVERED SUPPLIES

Supplies covered under the pharmacy plan are in place of, not in addition to, those same covered supplies under the medical plan. Copayments for items in this section are applied on the same basis as for other prescription drugs unless otherwise noted.

Diabetic Supplies

- Insulin, diabetic syringes, lancets, and test strips
- Glucagon recovery kits. You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless preauthorized by PacificSource).
- Glucostix and glucose monitoring devices are not covered under this pharmacy benefit, but are covered under your medical plan's durable medical equipment benefit.

Bee Sting Kits

Anaphylactic recovery kits (for people with severe allergic reactions to bee stings). You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless otherwise preauthorized by PacificSource).

Tobacco Cessation

Program specific tobacco cessation medications are covered with active participation in a plan approved tobacco cessation program.

Oral Chemotherapy Medications

Prescribed, orally administered anticancer medications are covered under your pharmacy benefit. If you prefer, you can have these medications covered under your medical plan's chemotherapy benefit instead. If you choose to use your medical benefits, these drugs would be subject to any deductibles, coinsurance, out-of-pocket limits, or pre-existing conditions that apply to your medical plan.

Contraceptives

- Oral Contraceptives.
- Depo Provera or Lunelle injections, Ortho Evra Transdermal Patch, NuvaRing Vaginal Contraceptive Ring, or Preven
- Diaphragm or Cervical Cap

Caremark® Specialty Pharmacy Program

Caremark® Specialty Pharmacy Services is your provider for many specialty and biotech drugs often used to treat chronic or genetic disorders. The program is designed to help PacificSource members with the following health conditions maximize the value of their health plan benefits:

Asthma	Multiple sclerosis
Crohn's disease	Oncology
Enzyme replacement	Psoriasis
Gaucher's disease	Pulmonary arterial
Growth hormone deficiency	Hypertension
Hematopoietics	Pulmonary disease
Hepatitis C	RSV prevention
Hormonal therapies	Rheumatoid arthritis
Immune disorders	

A complete list of medications covered under this program is available on the For Members area of our Web site, www.pacificsource.com. If you are using a covered medication, you will be contacted and invited to participate in the program. The Caremark® Specialty Pharmacy Program offers:

- Personal attention from a pharmacist-led CareTeam that provides condition-specific education, medication administration instruction, and expert advice to help you manage your therapy
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week
- Easy ordering with a dedicated toll-free number
- Confidential and convenient delivery of medications to the location of your choice

LIMITATIONS AND EXCLUSIONS

- This plan only covers drugs prescribed by a licensed physician (or other licensed practitioner eligible for reimbursement under your plan) prescribing within the scope of his or her professional license, except for:
 - Over-the-counter drugs or other drugs that federal law does not prohibit dispensing without a prescription (even if a prescription is required under state law).
 - Drugs for any condition excluded under the health plan. That includes drugs intended to promote fertility, treatments for obesity or weight loss, tobacco cessation drugs (except as specifically provided for under Other Covered Pharmaceuticals), experimental drugs, and drugs available without a prescription (even if a prescription is provided).
 - Immunizations (although certain immunizations are covered under your health plan's preventive care benefit – please see the Covered Expenses – Preventive Care Services section of your Member Benefit Handbook).
 - Some specialty drugs that are not self-administered are not covered under this pharmacy benefit, but are covered under the medical plan's office supply benefit.
 - Viagra and other drugs and devices to treat impotency.
 - Drugs used as a preventive measure against hazards of travel.
- Certain drugs require preauthorization by PacificSource in order to be covered. An up-to-date list of drugs requiring preauthorization is available on the For Members area of our Web site, www.pacificsource.com.
- Quantities for any drug filled or refilled are limited to no more than a 30-day supply when purchased at retail pharmacy or a 90-day supply when purchased through mail order pharmacy service or a 30-day supply when purchased through a specialty pharmacy.
- For drugs purchased at nonparticipating pharmacies or at participating pharmacies without using the PacificSource pharmacy program, reimbursement is limited to an allowable fee. That fee is the wholesale acquisition cost of the medication plus 20%.

- Your share of the cost for prescription drugs does not apply to your medical plan's out-of-pocket maximums. Prescription drug copayments are still your responsibility even if the medical plan's out-of-pocket maximum is satisfied.
- Prescription drug benefits are subject to your plan's coordination of benefits provision. (For more information, see Claims Payment–Coordination of Benefits in your Member Benefit Handbook.)

GENERAL INFORMATION ABOUT PRESCRIPTION DRUGS

Preferred Drugs

A *drug formulary* is a list of preferred medications used to treat various medical conditions. The formulary for this plan is known as the Preferred Drug List (PDL). The PDL is used to help control rising healthcare costs while ensuring that you receive medications of the highest quality. It is a guide for your doctor and pharmacist in selecting drug products that are safe, effective, and cost efficient. The PDL is made up of name brand products. The current PDL includes approximately 650 commonly prescribed brand name medications. A complete list of medications covered under the PDL is available on the For Members area of our Web site, www.pacificsource.com. The PDL is developed by Caremark® in cooperation with PacificSource. *Nonpreferred drugs* are covered brand named medications not on the PDL.

Generic Drugs

Generic Drugs are equivalent to name brand medications. Name brand medications (such as Valium) lose their patent protection after a number of years. At that time any drug company can produce the drug, and the manufacturer must pass the same strict FDA standards of quality and product safety as the original manufacturer. Generic drugs are less expensive than brand name drugs because there is more competition and there is no need to repeat costly research and development. Your pharmacist and doctor are encouraged to use generic drugs whenever they are available.