

SUMMARY OF BENEFITS



TIERED INCENTIVE 4/10/35/60 PHARMACY PLAN 0711

Your PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. Your prescription drug plan qualifies as creditable coverage for Medicare Part D.

COPAYMENTS (other than for specialty drugs)

Each time a covered pharmaceutical is dispensed, you are responsible for a copayment. Copayments are as follows:

From a participating Caremark® retail pharmacy using the PacificSource Pharmacy Program (see below):	Incentive Drugs:	Tier 1: Generic	Tier 2: Preferred	Tier 3: Nonpreferred
Up to a 30-day supply:	\$4	\$10	\$35	\$60
From a participating mail order service (see below):				
Up to a 30-day supply:	\$4	\$10	\$35	\$60
31 to 90-day supply:	\$10	\$25	\$87.50	\$150
From a participating Caremark® retail pharmacy without using the PacificSource Pharmacy Program, or from a nonparticipating pharmacy (see below):				Not covered (except 5 day emergency supply only)

Caremark® Specialty Pharmacy Program

CVS Caremark® Specialty Pharmacy Services is our exclusive provider for high-cost injectable medications and biotech drugs. A pharmacist-led CareTeam provides individual follow-up care and support to our members with prescriptions for specialty medications. The CareTeam provides comprehensive disease education and counseling, assesses patient health status, and offers a supportive environment for patient inquiries. We ensure that our members receive strong clinical support, as well as the best drug pricing for these specific medications and biotech drugs. More information regarding health conditions and a complete list of medications covered under this program are available on the PacificSource Web site.

COPAYMENTS FOR SPECIALTY DRUGS

Participating provider benefits for specialty drugs are available when you use Caremark® Specialty Pharmacy Services. The Caremark® Specialty Pharmacy Service is not available through the Caremark® retail pharmacy network, and participating provider benefits for specialty drugs are available at a Caremark® retail pharmacy only when preauthorized by PacificSource. Each time a specialty drug is dispensed, you are responsible for a copayment as follows:

From Caremark® Specialty Pharmacy Services:	
Up to a 30-day supply:	\$100 or 20%, whichever is less
From a participating Caremark® retail pharmacy without using PacificSource Pharmacy Program, or from a nonparticipating pharmacy (see below):	Not covered (except 5 day emergency supply only)

WHAT HAPPENS WHEN A BRAND NAME DRUG IS SELECTED

Unless your doctor requires the use of a brand name drug, your prescription will automatically be filled with a generic drug when available and permissible by Oregon law. If you receive a brand name drug when a generic is available, you must pay the brand name drug's copayment plus the difference in cost between the brand name drug and its generic equivalent.

USING THE PACIFICSOURCE PHARMACY PROGRAM

The Caremark® pharmacy network includes about 98% of all retail 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 pharmacy 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 retail pharmacy, the PacificSource pharmacy program can only be accessed through the pharmacy plan number printed on your PacificSource ID card. That plan number allows the pharmacy to collect the appropriate copayment from you and bill PacificSource electronically for the balance. If you do not present your PacificSource ID card at the time of purchase, or if you use a nonparticipating pharmacy, the prescription will not be covered under your pharmacy benefit.

Mail Order Service

This plan includes a participating mail order service for prescription drugs. Most, but not all, covered prescription drugs are available through this service. Questions about availability of specific drugs may be directed to the PacificSource Customer Service Department or to the plan's participating mail order service vendor. Forms and instructions for using the mail order service are available from PacificSource and on the PacificSource Web site.

OTHER COVERED PHARMACEUTICALS

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 and diabetic syringes are available.
- Lancets and test strips are available.
- Glucagon recovery kits for your plan's Tier 2 copayment. 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 are available for your plan's Tier 2 copayment. You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless otherwise preauthorized).

Contraceptives

- Oral contraceptives
- Implantable contraceptives, contraceptive injections, contraceptive patches, and contraceptive rings are available.
- Diaphragm or cervical caps are available.

Tobacco Use Cessation

Program specific tobacco cessation medications are covered with active participation in a plan approved tobacco cessation program (see Preventive Care in the policy's Covered Expenses section).

Oral Chemotherapy Medications

Orally administered anticancer medications used to kill or slow the growth of cancerous cells are available. Copayments for orally administered anticancer medication are applied on the same basis as for other drugs. Orally administered anticancer medications covered under the pharmacy plan are in place of, not in addition to, those same covered drugs under the medical plan. 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.

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, drugs prescribed or used for cosmetic purposes, and drugs available without a prescription (even if a prescription is provided).
 - Some specialty drugs that are not self-administered are not covered by this pharmacy benefit, but are covered under the medical plan's office supply benefit.
 - Immunizations (although certain immunizations may be covered under your health plan's preventive care benefit – please see the Covered Expenses – Preventive Care Services section of your Member Benefit Handbook).
 - Drugs and devices to treat erectile dysfunction.
 - 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.
- Certain drugs are subject to step therapy protocols. An up-to-date list of drugs subject to step therapy protocols is available on the PacificSource Web site.
- PacificSource may limit the dispensing quantity through the consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and governmental approval status.
- Quantities for any drug filled or refilled are limited to no more than a 30-day supply when purchased at retail pharmacy or specialty pharmacy or a 90-day supply when purchased through mail order pharmacy.

- Nonparticipating pharmacy charges are not eligible for reimbursement unless the member has a true medical emergency that prevents them from using a participating pharmacy. Drugs obtained at a nonparticipating pharmacy due to a true medical emergency are limited to a 5-day supply.
- The out-of-pocket expense for prescription drugs (copayments and service charges) does not apply to the medical deductible or out-of-pocket limit of the policy. Also, you continue to be responsible for the prescription drug copayments and service charges regardless of whether the policy's out-of-pocket limit 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

Incentive Drugs (Incentive Drug Copay)

Incentive Drugs are approved medications used to treat certain chronic conditions for a reduced copayment at participating pharmacies. When a member on an Incentive pharmacy plan design obtains one of these medications using their PacificSource ID card at a participating pharmacy, they will have less out-of-pocket expense.

Generic Drugs (Tier 1 Copay)

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.

Preferred Drugs (Tier 2 Copay)

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 PDL is developed by Caremark® in cooperation with PacificSource.

Nonpreferred Drugs (Tier 3 Copay)

Nonpreferred drugs are covered brand named medications not on the PDL.

Step Therapy

Step therapy means a program that requires the member to try lower-cost alternative medications (Step 1 drugs) before using more expensive medications (Step 2 drugs). The program will not cover a brand name, or second-line medication, until less expensive, first-line/generic medications in the same therapeutic class have been tried first.

DRUG LISTS

The following drug lists that apply to this pharmacy plan can be found on our Web site under at Our Members area of PacificSource.com, under Prescription Drug Information.

PacificSource Drug List

This list is a guide to excellent values on brand name prescription drugs. It will help your doctor identify medications that can provide the best clinical results at the lowest cost. The PDL column on this list indicates if the brand drug is Tier 2 or Tier 3 copay. Although they are not on this list, all covered generic drugs are available for your plan's tier 1 Generic copayment. Compounded prescriptions and brand drugs that are not listed are considered non-preferred (unless excluded) and are available for your plan's tier 3 copayment. In addition to providing information on if your specific prescription medication is part of our PDL or not, the list also identifies drugs that require preauthorization or step therapy, and which drugs have quantity limits.

Incentive Drug List

If a covered drug is listed in the "incentive copay" column, it is covered at a reduced copayment at participating pharmacies in lieu of the Tier 1 or Tier 2 copayment that would have otherwise applied. See copayment section above for copay amount.

Specialty Drugs list

Find specialty and biotech drugs used to treat chronic or genetic disorders.

Alternatives for Nonpreferred Drugs

Find lower-cost alternatives for prescription medications that are not on the PacificSource PDL.

Preauthorization list

Prescription drugs that require preauthorization