

This PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This benefit includes some drugs required by federal health care reform.

MEDICAL PLAN DEDUCTIBLE

You must satisfy the medical plan deductibles, which are shown on the Medical Benefit Summary, before your prescription drug benefits begin for Tier one, Tier two, Tier three, compound, and/or Tier four prescription drugs.

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

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

	Tier 1:	Tier 2:	Tier 3:
Participating Retail Pharmacy[^]			
Up to a 30 day supply:	Deductible then 50% co-insurance	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Participating Mail Order Pharmacy			
Up to a 90 day supply:	Deductible then 50% co-insurance	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Non-participating Pharmacy			
30 day max fill, no more than three fills allowed per year:	Deductible then 90% co-insurance		
Tier 4 Specialty Drugs – Participating Specialty Pharmacy			
Up to a 30 day supply:	Deductible then 50% co-insurance		
Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy			
30 day max fill, no more than three fills allowed per year:	Deductible then 90% co-insurance		
Compound Drugs^{**}			
Up to a 30 day supply:	Deductible then 50% co-insurance		

[^] Remember to show your PacificSource ID Card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied.

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

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive 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 plus the difference in cost between the brand name drug and its generic equivalent after the deductible is met. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug’s co-payment and/or co-insurance after the deductible is met. The cost difference between the brand name and generic drug does not apply toward the medical plan’s deductible or out-of-pocket limit.

including which drugs are covered, limitations, and more.