

Bend Chamber of Commerce

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.

The amount you pay for covered prescriptions at participating and non-participating pharmacies applies towards 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 a calendar year in which you have satisfied the medical out-of-pocket limit.

**PREVENTIVE LIST OF DRUGS**

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no charge\*. This includes specific generic drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from coming back after recovery. Preventive drugs do not include drugs for treating an existing illness, injury, or condition. To get a list of covered preventive drugs, call Customer Service or visit [PacificSource.com/drug-list/](http://PacificSource.com/drug-list/).

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

	Tier 1:	Tier 2:	Tier 3:
<b>Participating Retail Pharmacy<sup>^</sup></b>			
Up to a 30 day supply:	\$10 co-pay*	\$50 co-pay*	\$75 co-pay*
<b>Participating Mail Order Pharmacy</b>			
Up to a 30 day supply:	\$10 co-pay*	\$50 co-pay*	\$75 co-pay*
31 - 90 day supply:	\$20 co-pay*	\$150 co-pay*	\$225 co-pay*
<b>Non-participating Pharmacy</b>			
30 day max fill, no more than three fills allowed per year:	Same as retail		
<b>Tier 4 Specialty Drugs – Participating Specialty Pharmacy</b>			
Up to a 30 day supply:	20% co-insurance*		
<b>Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy</b>			
30 day max fill, no more than three fills allowed per year:	20% co-insurance*		
<b>Compound Drugs<sup>**</sup></b>			
Up to 30 day supply:	\$75 co-pay*		

<sup>^</sup> 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.

\* Not subject to annual medical deductible.

\*\* 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. 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. The cost difference between the brand name and generic drug does not apply toward the medical plan's out-of-pocket limit.*

**See your member handbook for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.**