

Formulary Preferred Drug List (PDL)

This PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit PacificSource.com/drug-list.

The amount you pay for covered prescriptions at in-network and out-of-network pharmacies applies toward your plan's in-network 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 an in-network or out-of-network pharmacy are waived during the remainder of the calendar year in which you have satisfied the medical out-of-pocket limit.

Medical Plan Deductible

You must meet 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 specialty prescription drugs.

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

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
In-network Retail Pharmacy^			
Up to a 30 day supply:	After deductible, \$20	After deductible, \$80	After deductible, 50%
31 - 60 day supply:	After deductible, \$40	After deductible, \$160	After deductible, 50%
61 - 90 day supply:	After deductible, \$60	After deductible, \$240	After deductible, 50%
In-network Mail Order Pharmacy			
Up to a 30 day supply:	After deductible, \$20	After deductible, \$80	After deductible, 50%
31 - 90 day supply:	After deductible, \$60	After deductible, \$240	After deductible, 50%
Compound Drugs**			
Up to a 90 day supply:		After deductible, 50%	
Out-of-network Pharmacy			
30 day max fill, no more than three fills allowed per year:		Same as retail	
Tier 1, Tier 2, and Tier 3 Member Pays			
Specialty Drugs - In-network Specialty Pharmacy			
Up to a 30 day supply:		After deductible, 50%	

Specialty Drugs - Out-of-network Specialty Pharmacy

30 day max fill, no more than three fills allowed per year:

After deductible, 50%

^ Remember to show your PacificSource member ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied and may result in higher out-of-pocket cost.

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

MAC A - Regardless of the reason or medical necessity, if you receive a brand name drug or if your provider prescribes 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 and generic drug after the medical 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. Does not apply to preventive bowel prep kit medications covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to preauthorization for coverage at no charge.

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