

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.

Affordable Care Act Standard Preventive No-cost Drug List

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. You can get a list of covered preventive drugs by contacting our Customer Service team or visit PacificSource.com/drug-list.

Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
In-network Retail Pharmacy			
Up to a 30 day supply:	No deductible, \$20	No deductible, \$40	No deductible, \$60
31 - 60 day supply:	No deductible, \$40	No deductible, \$80	No deductible, \$120
61 - 90 day supply:	No deductible, \$60	No deductible, \$120	No deductible, \$180
In-network Mail Order Pharmacy			
Up to a 90 day supply:	No deductible, \$20	No deductible, \$40	No deductible, \$60
Compound Drugs**			
Up to a 30 day supply:		No deductible, \$60	
31 - 60 day supply:		No deductible, \$120	
61 - 90 day supply:		No deductible, \$180	
Out-of-network Pharmacy			
30 day max fill, no more than three fills allowed per year:		No deductible, 50%	

Tier 1, Tier 2, and Tier 3 Member Pays

Specialty Drugs - In-network Specialty Pharmacy

Up to a 30 day supply: No deductible, the lesser of \$100 or 20%

Specialty Drugs - Out-of-network Specialty Pharmacy

30 day max fill, no more than three fills allowed per year: No deductible, 50%

**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. The cost difference between the brand name and generic drug does not apply toward the medical plan's 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.