

Pocatello Chubbuck School Dist No 25

Formulary: Idaho Drug List (IDL)

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.

Prescription Drug Deductible \$250 per person

The deductible is an amount of covered pharmacy expenses the member pays for brand medications each calendar year before the following benefits begin. Co-payments, cost difference between brand and generic drugs (depending on your MAC (Maximum Allowable Cost) penalties, drugs obtained without using the PacificSource member ID card, and out-of-network pharmacy charges do not accumulate toward the deductible.

PacificSource Expanded (Preventive) No-cost Drug List and 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 | Tier 4 Member Pays |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| In-network Retail Pharmacy | | | | |
| Up to a 30 day supply: | No deductible, \$15 | After deductible, \$40 | After deductible, \$50 | After deductible, \$50 |
| 31 – 60 day supply: | No deductible, \$30 | After deductible, \$80 | After deductible, \$100 | After deductible, \$100 |
| 61 – 90 day supply: | No deductible, \$45 | After deductible, \$120 | After deductible, \$150 | After deductible, \$150 |
| In-network Mail Order Pharmacy | | | | |
| Up to a 30 day supply: | No deductible, \$15 | After deductible, \$40 | After deductible, \$50 | After deductible, \$50 |

| Service/ Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 31 – 60 day supply: | No deductible, \$30 | After deductible, \$80 | After deductible, \$100 | After deductible, \$100 |
| 61 – 90 day supply: | No deductible, \$45 | After deductible, \$120 | After deductible, \$150 | After deductible, \$150 |
| Compound Drugs** | | | | |
| Up to a 30 day supply: | | After deductible, \$50 | | |
| 31 – 60 day supply: | | After deductible, \$100 | | |
| 61 – 90 day supply: | | After deductible, \$150 | | |
| Out-of-network Pharmacy | | | | |
| 30 day max fill, no more than three fills allowed per year: | | Same as retail | | |

**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.

Specialty Medications are limited to a 30 day supply.

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 prescription drug deductible is met. The cost difference between the brand name and generic drug does not apply toward the prescription drug plan's deductible or medical out of pocket limit.

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.