

Pocatello Chubbuck School District No 25

This PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal health care reform.

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, differential between brand and generic drugs, drugs obtained without using the PacificSource member ID card, and non-participating pharmacy charges do not accumulate toward the deductible. The deductible does not apply to Tier one 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:	\$15 co-pay*	Deductible then \$40 co-pay	Deductible then \$50 co-pay
31 – 60 day supply:	\$30 co-pay*	Deductible then \$80 co-pay	Deductible then \$100 co-pay
61 – 90 day supply:	\$45 co-pay*	Deductible then \$120 co-pay	Deductible then \$150 co-pay
Participating Mail Order Pharmacy			
Up to a 30 day supply:	\$15 co-pay*	Deductible then \$40 co-pay	Deductible then \$50 co-pay
31 – 60 day supply:	\$30 co-pay*	Deductible then \$80 co-pay	Deductible then \$100 co-pay
61 – 90 day supply:	\$45 co-pay*	Deductible then \$120 co-pay	Deductible then \$150 co-pay
Non-participating Pharmacy			
30 day max fill, no more than three fills allowed per year:	Same as retail		
Tier 4 Specialty Drugs – Participating Specialty Pharmacy			
Up to a 30 day supply:	Deductible then \$50 co-pay		
Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy			
30 day max fill, no more than three fills allowed per year:	Deductible then \$50 co-pay		
Compound Drugs**			
Up to a 30 day supply:	Deductible then \$50 co-pay		

[^] 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.

* Not subject to annual medical deductible.

*** 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 medication are on the applicable formulary.*

MAC A - Regardless of the reason or medical necessity, if you receive a brand name drug or if your prescribing 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 deductible is met. The cost difference between the brand name and generic drug does not apply toward the medical plan's deductible. If your physician prescribes a non-formulary 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.