

City of Idaho Falls

Benefit Year: Contract Year

Formulary: Preferred Drug List (PDL)

This 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/find-a-drug.

Prescription Drug Deductible \$250 per individual

The deductible is an amount of covered pharmacy expenses the member pays for brand medications each benefit year before the following benefits begin. Copayments, 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.

Prescription Drug Out-of-Pocket Limit \$2,000 per individual/ \$4,000 per family

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan's in-network prescription drug out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan's prescription drug out-of-network out-of-pocket limit. The copayment and/or coinsurance for prescription drugs obtained from an in-network pharmacy is waived during the remainder of a benefit year in which you have satisfied a Prescription Drug out-of-pocket limit. The limit applies to each member. Claims must be submitted by the in-network pharmacy electronically. The difference between brand name and generic drugs (depending on your MAC (Maximum Allowable Cost) penalties, and drugs obtained at an out-of-network pharmacy does not apply toward the limit.

PacificSource Expanded (Preventive) No-cost Drug List

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0 copay. 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 and select Find a Drug.

Affordable Care Act Standard Preventive No-cost Drug List

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

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, \$10	After deductible, \$30	After deductible, \$50

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
31 - 60 day supply:	No deductible, \$20	After deductible, \$60	After deductible, \$100
61 - 90 day supply:	No deductible, \$30	After deductible, \$90	After deductible, \$150
In-network Mail Order Pharmacy			
Up to a 30 day supply:	No deductible, \$10	After deductible, \$30	After deductible, \$50
31 - 60 day supply:	No deductible, \$20	After deductible, \$60	After deductible, \$100
61 - 90 day supply:	No deductible, \$30	After deductible, \$90	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 maximum 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, \$150	
Specialty Drugs - Out-of-network Specialty Pharmacy			
30 day maximum fill, no more than three fills allowed per year:		Same as retail	

**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 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 copayment and/or coinsurance 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 deductible or out of pocket limit.

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

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