

**SUMMARY OF
BENEFITS
Corvallis School District Certified**



**TIERED \$5/\$25/50% VAR
PHARMACY PLAN**

Your PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, as follows.

COPAYMENTS (other than for Specialty Drugs)

Each time a covered pharmaceutical is dispensed, you are responsible for a copay. Copays are as follows:

From a participating Caremark® retail pharmacy using the PacificSource Pharmacy Program (see below):	Tier 1: <u>Generic</u>	Tier 2: <u>Preferred</u>	Tier 3: <u>Nonpreferred</u>
Up to a 31-day supply:	\$5	\$25	50% up to \$50 max
From a participating mail order service (see below):			
Up to a 90-day supply:	\$10	\$50	50% up to \$100 max
OUT-OF-POCKET LIMIT	\$1,000 per person		

The copay for prescription drugs obtained from a participating pharmacy is waived at participating pharmacies during the remainder of a calendar year in which the member has satisfied the Prescription Drug Out-of-Pocket Limit. The limit applies separately to each family member. Claims must be submitted by the participating pharmacy electronically. Differential between brand name and generic drugs, and drugs obtained at a nonparticipating pharmacy do not apply toward the Prescription Drug Out-of-Pocket Limit.

WHAT HAPPENS WHEN A BRAND NAME DRUG IS SELECTED

Regardless of the reason or medical necessity, if you request a brand name drug or your physician prescribes a brand name drug when a generic is available, you will be responsible for the brand name drug's copay/coinsurance plus the difference in cost between the brand name drug and its generic equivalent.

USING THE PACIFICSOURCE PHARMACY PROGRAM

The Caremark® pharmacy network includes about 98% of all retail pharmacies in the United States. It also includes *drugstore.com*, an Internet-based pharmacy service.

To use the PacificSource pharmacy program, you must show the Caremark® plan number on your PacificSource ID card at the participating pharmacy to receive your plan's highest benefit level. When obtaining prescription drugs at a participating Caremark® retail pharmacy, the PacificSource pharmacy program can only be accessed through the pharmacy plan number printed on your PacificSource ID card. That plan number allows the pharmacy to collect the appropriate copay from you and bill PacificSource electronically for the balance. When you use your PacificSource ID card at participating pharmacies, the pharmacy will charge you the lesser of your copay or the pharmacy's discounted drug cost plus service fee. For example, if your copay is \$10 and the drug's discounted cost plus service fee is only \$7.50, a participating pharmacy will only charge you \$7.50.

Mail Order Service

Mail order prescription service is also available through your plan for most prescription drugs. If you take a medication on a regular basis, mail order service is a convenient way to order prescriptions and have them delivered directly to your home. There is no shipping or handling charge for standard delivery. For more information, please visit the For Members area of our Web site, www.pacificsource.com.

OTHER COVERED PHARMACEUTICALS

Supplies covered under pharmacy are in place of, not in addition to, those same covered supplies under the medical plan. Copayments for items in this section are applied on the same basis as for other prescription drugs unless otherwise noted.

Contraceptives

- Oral contraceptives
- Depo Provera or Lunelle injections, Ortho Evra Transdermal Patch, NuvaRing Vaginal Contraceptive Ring, or Preven.
- Diaphragm or cervical caps are available.

Diabetic Supplies

- Insulin and diabetic syringes.
- Lancets and test strips.
- Glucagon recovery kits for your plan's Tier 2 copay. You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless preauthorized by PacificSource).
- Glucostix and glucose monitoring devices are not covered under this pharmacy benefit, but are covered under your medical plan's durable medical equipment benefit.

Bee Sting Kits

Anaphylactic recovery kits for people with severe allergic reactions to bee stings are available for your Tier 2 copay. You may purchase up to two kits at one time, but no more than four kits in any calendar year (unless otherwise preauthorized).

Tobacco Cessation

Program specific tobacco cessation medications are covered with active participation in a plan approved tobacco cessation program.

Oral Chemotherapy Medications

Prescribed, orally administered anticancer medications are covered under your pharmacy benefit. If you prefer, you can get these medications under your medical plan's chemotherapy benefit instead. If you choose to use your medical benefits, these drugs would be subject to any deductibles, coinsurance, out-of-pocket limits, or pre-existing conditions that apply to your medical plan.

CAREMARK® SPECIALTY PHARMACY PROGRAM

Caremark® Specialty Pharmacy Services is your provider for up to a 30-day supply of many specialty and biotech drugs often used to treat chronic or genetic disorders. The program is designed to help PacificSource members with the following health conditions maximize the value of their health plan benefits:

Asthma	Growth hormone deficiency	Immune disorders	Pulmonary arterial hypertension
Crohn's disease	Hematopoietics	Multiple sclerosis	Pulmonary disease
Enzyme replacement	Hepatitis C	Oncology	RSV prevention
Gaucher's disease	Hormonal therapies	Psoriasis	Rheumatoid arthritis

A complete list of medications covered under this program is available on the For Members area of our Web site, www.pacificsource.com. If you are using a covered medication, you will be contacted and invited to participate in the program. The Caremark® Specialty Pharmacy Program offers:

- Personal attention from a pharmacist-led CareTeam that provides condition-specific education, medication administration instruction, and expert advice to help you manage your therapy
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week
- Easy ordering with a dedicated toll-free number
- Confidential and convenient delivery of medications to the location of your choice

LIMITATIONS AND EXCLUSIONS

- This plan only covers drugs prescribed by a licensed physician (or other licensed practitioner eligible for reimbursement under your plan) prescribing within the scope of his or her professional license, except for:
 - Over-the-counter drugs or other drugs that federal law does not prohibit dispensing without a prescription (even if a prescription is required under state law).
 - Drugs for any condition excluded under the health plan. That includes drugs intended to promote fertility, treatments for obesity or weight loss, tobacco cessation drugs (except as specifically provided for under Other Covered Pharmaceuticals), experimental drugs, and drugs available without a prescription (even if a prescription is provided).
 - Immunizations (although certain immunizations are covered under your health plan's preventive care benefit – please see the Covered Expenses – Preventive Care Services section of your Member Benefit Handbook).
 - Some specialty drugs that are not self-administered are not covered under this pharmacy benefit, but are covered under the medical plan's office supply benefit.
 - Viagra and other drugs and devices to treat impotency.
 - Drugs used as a preventive measure against hazards of travel.
- Certain drugs require preauthorization by PacificSource in order to be covered. An up-to-date list of drugs requiring preauthorization is available on the For Members area of our Web site, www.pacificsource.com.
- Quantities for any drug filled or refilled are limited to no more than a 31-day supply when purchased at retail pharmacy or a 90-day supply when purchased through mail order pharmacy service or a 30-day supply when purchased through a specialty pharmacy.
- PacificSource may limit the dispensing quantity through the consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and governmental approval status.
- For drugs purchased at nonparticipating pharmacies or at participating pharmacies without using the PacificSource pharmacy program, reimbursement is limited to an allowable fee. That fee is the wholesale acquisition cost of the medication plus 20%.
- Your share of the cost for prescription drugs does not apply to your medical plan's out-of-pocket maximum. Prescription drugs copays are still your responsibility even if the medical plan's out-of-pocket maximum is satisfied.
- Prescription drug benefits are subject to your plan's coordination of benefits provision. (For more information, see Claims Payment–Coordination of Benefits in your Member Benefit Handbook.)