

# Your Benefit Summary

## Prescription Drug Plan – PEBB Statewide

Full-Time Employees



### Important information about your plan

- This summary provides only highlights of your pharmacy benefits. Certain limitations and exclusions apply. To view all your plan details, including your Member Handbook, register for [myProvidence](http://www.providence.org/php/getstarted) at [www.providence.org/php/getstarted](http://www.providence.org/php/getstarted).
- To find out how a drug is covered under your plan, view the complete formulary and pharmacy information available online at [www.providence.org/healthplans](http://www.providence.org/healthplans), or call us.
- You have broad access to over 22,000 participating pharmacies and their services at discounted rates. Pharmacies are designated as participating retail, preferred retail, specialty, or mail-order pharmacies.
- View a list of participating pharmacies, including specialty pharmacies, at [www.providence.org/healthplans](http://www.providence.org/healthplans), or call us.
- Not sure what a word or phrase means? See the back for definitions used in this summary.
- Copays, coinsurance and cost differences for prescription drugs do not apply to plan year medical plan out-of-pocket maximums or deductibles.

Drug Coverage Category	Copay or Coinsurance		
	All Participating and Preferred Retail Pharmacies (up to a 34-day supply)	All Mail-Order and Preferred Retail Pharmacies (up to a 90-day supply of maintenance prescriptions)	All Participating Specialty Pharmacies (up to a 30-day supply of specialty and self administered chemotherapy drugs)
Value drug	\$0	\$0	Does not apply
Generic drug	\$5	\$12.50	\$5
Formulary brand-name drug	\$15	\$37.50	\$15
Non-formulary brand-name drug	Greater of \$50 or 50% plus the difference in cost	Greater of \$125 or 50% plus the difference in cost	Greater of \$50 or 50% plus the difference in cost
Compounded drug	Greater of \$50 or 50%	Does not apply	Does not apply

### What you need to know about drug coverage categories

- Both generic and brand-name drugs are covered subject to the terms of your plan. Some medications are less costly. If the cost of your prescription is less than your copay, you will only be charged the cost of the prescription.
- If you or your physician requests a non-formulary brand-name drug when a generic equivalent is available, you will be responsible for paying the cost difference, in addition to your non-formulary brand-name drug copay.
- Compounded drugs are prescriptions that are custom prepared by your pharmacist. These prescriptions must contain one FDA-approved drug.
- Specialty drugs are prescriptions requiring special delivery, handling, administration and monitoring by your pharmacist.
- An exception process is available if the prescribing provider believes it is medically necessary that a non-formulary brand-name drug be used instead of a formulary brand-name drug or generic drug. A request for medical exception that explains why the drug substitution is medically appropriate may be submitted by your provider. If the request is approved, the benefits for formulary brand-name drugs will apply.
- Self-administered chemotherapy drugs are covered under your pharmacy benefits or your medical benefits, whichever allows the lowest out-of-pocket cost. Please see your medical benefit summary for more information.
- Bupropion and over-the-counter nicotine gum and patches are covered under the value copayment.
- Chantix is covered under the generic copayment.

### Using your prescription drug benefit

- Your prescription drug benefit requires that you fill your prescriptions at a participating pharmacy.
- Be sure you present your current Providence Health Plan member identification card, along with your copay or coinsurance when you use a participating pharmacy.
- You may purchase up to a 90-day supply of maintenance drugs using a participating mail service or preferred retail pharmacy. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs from specialty pharmacies.
- Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies. For more information visit our Web site at [www.providence.org/healthplans](http://www.providence.org/healthplans).
- Diabetes supplies may be obtained at your participating pharmacy and are subject to your group's medical supplies and devices benefits, limitations and coinsurance. See your Member Handbook for details.

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## Using your prescription drug formulary

- The Providence Formulary is a list of FDA-approved prescription brand name and generic drugs developed by physicians and pharmacists. It is designed to offer drug treatment choices for covered medical conditions.
- Some prescription drugs require prior authorization for medical necessity, place or length of therapy, step therapy, or number of doses. If a drug to treat your covered medical condition is not on the formulary, please contact us.
- Our formulary can help you and your physician choose effective less costly medications to minimize your out-of-pocket expense.
- Effective generic drug choices are available to treat most medical conditions. Visit [www.providence.org/healthplans](http://www.providence.org/healthplans) for frequently asked questions about both generic drugs and our formulary.

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## Ordering prescriptions by mail

- To order prescriptions by mail, your provider may call in the prescription or you can mail your prescription along with your member identification number to one of our participating mail-order pharmacies.
- To find participating mail-order pharmacy information visit us online at [www.providence.org/healthplans](http://www.providence.org/healthplans).

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## If you use a non-participating pharmacy

- Urgent or emergency medical situations may require that you use a non-participating pharmacy. If this occurs, you will need to pay full price for your prescription at the time of purchase.
- Reimbursement forms are available online. Reimbursement is subject to your plan's limitations and exclusions.

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## What you need to know about limitations and exclusions

The following is a summary of the limitations and exclusions under your prescription drug plan. For complete descriptions go to [www.providence.org/healthplans](http://www.providence.org/healthplans).

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### Limitations

- All drugs must be FDA approved, medically necessary, and require by law a prescription to dispense. Not all FDA-approved drugs are covered by Providence Health Plan. Newly approved drugs are reviewed for safety and medical necessity within 12 months following FDA approval.
- Prescription dispensing limits: 1) topicals—up to 60 grams; 2) liquids—up to eight ounces; 3) tablets or capsules—up to 100 dosage units; and 4) multi-use or unit-of-use—up to one container or package; as prescribed, not to exceed a 34 consecutive day supply, whichever is less. Other dispensing limits may apply to medications requiring limited use and are listed on our formulary.
- Specialty drugs are injectable, infused, oral or inhaled therapies that often require specialized delivery, handling, monitoring and administration, and are generally high cost. These drugs must be purchased through a designated specialty pharmacy. Due to the nature of these medications, they are not considered “maintenance” drugs and are limited to a 30-day supply (or minimum package size to approximate a 30-day supply). “Specialty Medications” are noted in the formulary on our website.
- Self-injectable drugs are only covered if they are intended for self-administration, labeled by the FDA for self-administration.

### Exclusions

- Drugs used in the treatment of the common cold. Over-the-counter (OTC) drugs, medications, or vitamins that may be purchased without a provider's written prescription, and prescription drugs available in an OTC therapeutically similar form.
- Fluoride, for members over the age of 10 years old.
- Amphetamines and amphetamine derivatives, except when used to treat narcolepsy or hyperactivity in children and adults.
- Drugs used for the treatment of fertility or infertility. Intrauterine devices (IUDs), diaphragms and implantable contraceptives. (Some of these items may be covered under your medical benefits.) Drugs or medications used to treat sexual dysfunctions or disorders, in either men or women, such as Viagra®. Drugs required for, or as a result of, sexual transformation.
- Drugs used for weight loss or cosmetic purposes. Drugs to stimulate hair growth, including, but not limited to, Rogaine® (i.e., topical minoxidil) or other similar drug preparations. Drugs used in the treatment of fungal nail conditions.
- Drugs used in the treatment of drug induced fatigue, general fatigue and idiopathic hypersomnia.
- Devices, appliances, supplies and durable medical equipment, even if a prescription is required for purchase. These items may be covered under your medical benefits.
- Drugs or prescribed medications not medically necessary or not provided according to our medical policy. Medications prescribed that do not relate directly to the treatment of a covered illness or injury.
- Drugs or medications delivered, injected or administered for you by a health care provider or other trained person.
- Experimental or investigational drugs or drugs used by a member in a research study or in another similar investigational environment. Drugs that are not FDA approved or are designated as “less than effective” by the FDA, also known as a “DESI” drug.
- Drugs placed on prescription-only status as required by state or local law.
- Replacement of lost or stolen medication.

## Your guide to the words and phrases used to explain your benefits

### Brand-name drug

Brand-name drugs are protected by U.S. patent laws for up to 17 years. The pharmaceutical company holding the patent has exclusive rights to produce and sell the drug.

### Coinsurance

The percentage of the cost you pay to a participating pharmacy at the time of purchase for a covered prescription drug.

### Compounded drug

The combining, mixing, or altering of covered drugs or other ingredients to create a customized prescription for an individual as prescribed by a licensed provider.

### Copay

The fixed dollar amount you pay to a participating pharmacy at the time of purchase, for a covered prescription drug.

### Formulary

A formulary is a list of FDA-approved prescription drugs developed by physicians and pharmacists, designed to offer drug treatment choices for covered medical conditions. The Providence Health Plan Formulary includes both brand name and generic medications.

### Generic drug

Generic drugs have the same active-ingredient formula as the brand-name drug. Generic drugs are tested by the FDA to be as safe and as effective as brand-name drugs. Generic drugs are only available after the brand name patent expires. Visit [www.providence.org/healthplans](http://www.providence.org/healthplans) for frequently asked questions about generic drugs.

### Maintenance drug

Medications that are typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. Maintenance drugs are those you have received under our plan for at least 30 days and anticipate continuing to use in the future.

### Out-of-pocket maximum

The limit on the dollar amount you will have to spend for covered non-formulary and compounded prescription drugs in a calendar year. Some services and expenses do not apply to the out-of-pocket maximum. See your Member Handbooks for details.

### Participating pharmacies

Pharmacies that have a signed contract with Providence Health Plan to provide medications and other services at special rates.

There are four types of participating pharmacies:

- **Retail:** a participating pharmacy that allows up to a 34-day supply of short-term and maintenance prescriptions.
- **Preferred retail:** a participating pharmacy that allows up to a 90-day supply of maintenance prescriptions and access to up to a 34-day supply of short-term prescriptions.
- **Specialty:** a participating pharmacy that allows up to a 30-day supply of specialty and self-administered chemotherapy prescriptions. These prescriptions require special delivery, handling, administration and monitoring by your pharmacist.
- **Mail-order:** a participating pharmacy that allows up to a 90-day supply of maintenance prescriptions and specializes in direct delivery to your home.

For a complete description of the types of services provided by participating pharmacies, see your Member Handbook.

### Prior authorization

The process used to request an exception to the Providence Health Plan Drug Formulary. This process is initiated by your doctor, or other prescriber of the medication. Some drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy or number of doses. Visit [www.providence.org/healthplans](http://www.providence.org/healthplans) for additional information.

### Self-administered chemotherapy

Oral, topical or self-injectable medications that are used to stop or slow the growth of cancerous cells.

### Value drug

A specified list of commonly used medications for treating chronic conditions such as diabetes, high blood pressure, high cholesterol, heart disease, depression, and asthma or other breathing disorders. These medications may be generic or brand name and are considered first-line treatments for many conditions. They are on our formulary and offered at your lowest copay or coinsurance.

## Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Customer Service: **1-800-423-9470**  
TTY: **503-574-8702** or **1-888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at: [www.providence.org/php/contactus](http://www.providence.org/php/contactus)