

Northwest Wood Products Trust (NWPT)

**Formulary:** Preferred Drug List (PDL)

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](https://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.

**Medical Deductible**

You must meet the medical deductible, which is shown on the Medical Benefit Summary, before your prescription drug benefits begin.

**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](https://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:**

<b>Service/Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>
<b>In-network Retail Pharmacy</b>			
<b>Up to a 90 day supply:</b>	After deductible, 20%	After deductible, 20%	After deductible, 20%
<b>In-network Mail Order Pharmacy</b>			
<b>Up to a 90 day supply:</b>	After deductible, 20%	After deductible, 20%	After deductible, 20%
<b>Compound Drugs**</b>			
<b>Up to a 90 day supply:</b>		After deductible, 20%	
<b>Out-of-network Pharmacy</b>			
<b>30 day max fill, no more than three fills allowed per year:</b>		After deductible, 90%	

## Tier 1, Tier 2, and Tier 3 Member Pays

### Specialty Drugs – In-network Specialty Pharmacy

**Up to a 30 day supply:**

After deductible, 20%

### Specialty Drugs – Out-of-network Specialty Pharmacy

**30 day max fill, no more than three fills allowed per year:**

After deductible, 90%

**\*\*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.**

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive 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 drug and its generic equivalent after the medical deductible is met. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's co-payment and/or co-insurance after the medical deductible is met. The cost difference between the brand name and generic drug does not apply toward the medical plan's deductible or out-of-pocket limit. Does not apply to preventive bowel prep kit medications covered under USPSTF guidelines.

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.**