

George Fox University SHIP

**Formulary:** Oregon Drug List (ODL)

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](http://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 Schedule of Benefits. 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 contract year in which you have satisfied the medical out-of-pocket limit.

**Contraceptives**

Contraceptives approved by the Food and Drug Administration (FDA) are covered as recommended by the HRSA. Any deductibles, co-payments, and/or co-insurance amounts are waived if a generic is filled. Brand name contraceptives will remain subject to regular pharmacy plan benefits. When no generic exists, brand name contraceptives may be covered at no cost. If your physician prescribes a brand name contraceptive due to medical necessity, it may be subject to preauthorization for coverage at no charge.

If an initial three month supply is tried, then a 12 month refill of the same contraceptive is covered at an in-network pharmacy in accordance with pharmacy benefits, regardless if the initial prescription was filled under this plan.

**Each time a covered prescription is dispensed, you are responsible for the amounts below:**

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Retail Pharmacy<sup>^</sup></b>				
<b>Up to a 30 day supply:</b>	No deductible, \$20	No deductible, \$40	No deductible, \$60	No deductible, \$60
<b>In-network Mail Order Pharmacy</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$20	No deductible, \$40	No deductible, \$60	No deductible, \$60
<b>31 – 90 day supply:</b>	No deductible, \$50	No deductible, \$100	No deductible, \$150	No deductible, \$150
<b>Compound Drugs<sup>**</sup></b>				
<b>Up to a 30 day supply:</b>	No deductible, \$60			
<b>Out-of-network Pharmacy</b>				
<b>30 day max fill, no more than three fills allowed per year:</b>	No deductible, 90%			

<sup>^</sup>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.

\*\*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.

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

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 co-payment and/or co-insurance plus the difference in cost between the brand name and generic drug. The cost difference between the brand name and generic drug does not apply toward the medical plan's out of pocket limit. Does not apply to tobacco cessation and 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 student guide for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.**