

Health Plan Disclosure Information

PacificSource Health Plans | Washington



Thank you for choosing PacificSource Health Plans. We appreciate the opportunity to serve you.

This Health Plan Disclosure Information is a requirement of the state and federal agencies that regulate health plan carriers. It contains or references information that we are required to provide upon your enrollment into a health plan or upon your request. If you have any questions, we welcome your call. **The PacificSource Customer Service team is available at CS@PacificSource.com or 888-977-9299, 8:00 a.m. to 5:00 p.m., Monday through Friday.**

Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, PacificSource will provide you with the following information:

- A list of covered benefits including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A listing of all available disclosure items, in addition to the above, as required by law

Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost-share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

Pharmacy benefit information

WAC 284-43-5040, WAC 284-43-5110, and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's member handbook.

Your right to safe and effective pharmacy services

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299 (8:00 a.m. to 5:00 p.m., Monday through Friday).**

If you would like to learn more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the **Washington State Office of the Insurance Commissioner toll-free at 800-562-6900.**

If you have a concern about the pharmacists or pharmacies serving you, please call the **Washington State Department of Health toll-free at 800-525-0127.**

Does this plan limit or exclude certain drugs my healthcare provider may prescribe, or encourage substitutions for some drugs?

In working with pharmacists and physicians, PacificSource has developed a drug list (also referred to as a formulary). This drug list identifies preferred pharmaceutical products, supplies, and devices. Drugs not on the list (or nonformulary drugs) are not covered unless approved by your health plan as medically necessary, and may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

If prescribed a brand-name drug when a generic is available (regardless of the reason or medical necessity), you are responsible for the brand copay, plus the drug cost difference between the generic and brand-name drug unless your prescriber indicates “do not substitute” (DNS) or “dispense as written” (DAW).

Over-the-counter (OTC) drugs, supplies, and devices are generally excluded from all plans. Exceptions may apply. To request a copy of the drug formulary for your specific plan, **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday). The drug list is also available at [PacificSource.com/find-a-drug](https://www.pacificsource.com/find-a-drug).

When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?

A plan’s drug formulary is subject to changes that are based on an established evaluation process. The evaluation process includes review of scientific studies.

Members are notified 30 days prior of any negative changes. Providers are notified 60 days prior by email and with an online posting at [PacificSource.com/resources/articles](https://www.pacificsource.com/resources/articles). If a drug is removed from the formulary, it no longer covered unless the member: (a) has an approved formulary exception through prior authorization; and (b) meets required formulary exception criteria.

For a complete, up-to-date list of covered drugs, visit our website at [PacificSource.com](https://www.pacificsource.com). For more recent information or other questions, please **contact PacificSource Customer Service at CS@PacificSource.com at 888-977-9299**, 8:00 a.m. to 5:00 p.m., Monday through Friday.

What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?

Benefit changes—Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.

Formulary substitution—Although individuals are not allowed to customize any plan drug formularies, healthcare providers can request coverage of nonformulary medications for patients through a formulary exception process. If your prescribing provider determines that formulary alternatives are not appropriate, they can file an exception request with PacificSource. We’ll review the case and determine if the exception request is approved. If a formulary exception is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

How much do I have to pay to get a prescription filled?

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the cost of the drug.

If you have pharmacy coverage with a tiered cost-share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

Do I have to use certain pharmacies to make sure I’m paying the least out-of-pocket amount?

To get the most benefit from your pharmacy coverage, we recommend that you have your prescriptions filled at any of our many in-network pharmacies. A directory of pharmacies is available at [PacificSource.com/members/prescription-drug-information/find-a-pharmacy](https://www.pacificsource.com/members/prescription-drug-information/find-a-pharmacy).

The three steps to fill your prescription:

1. Find an in-network pharmacy in your area.
2. Show your PacificSource ID card when you drop off your prescription(s).
3. Pay your share of the drug's cost. PacificSource will be billed directly for the balance.

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.

Covered drugs are subject to the plan cost share. If you decide to purchase a noncovered drug, you will pay the actual charge for the drug.

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

If you need help identifying preferred pharmacies in your area, or if you anticipate needing to fill a prescription when traveling, **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).

How many days' supply of most medications can I get without paying another copay or other repeating charge?

Most prescriptions are limited up to a 90-day supply, which can be filled at either our in-network mail or retail pharmacies.

If your plan includes prescription drug coverage, a convenient mail-order service for daily or long-term medications is available to you. (See below.) You are able to order a 90-day supply (999 dose maximum) of covered medications and have them delivered to you, with no standard shipping charge.

What mail-order prescription services are available to me?

You can order refills by phone or mail, or order online 24 hours a day. To fill your prescriptions through the PacificSource preferred mail-service pharmacy by mail, online, or phone:

CVS Caremark® Mail Service

Register online: Caremark.com

Register by mail: For mail-in forms, visit

PacificSource.com/member/mail-order-rx

Call toll-free: **866-329-3051** (TTY/TDD 711)

For prescriptions identified as "specialty medications," fills are limited to a 30-day supply and must be filled at an in-network specialty pharmacy. Specialty medications are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. For specialty pharmacy questions:

CVS Caremark Specialty Pharmacy

800-237-2767 Phone

800-323-2445 Fax

Contact PacificSource Customer Service for your plan's specific mail order pharmacy benefits.

Health information practices

RCW 48-43-510 (1c)

Your health plan protects the confidentiality of members' healthcare information. Together, PacificSource's Privacy Officer and Information Security Officer safeguard your information by providing strategic direction, leadership, and oversight of the privacy and information security programs. These programs include operational policies as well as the execution of organizational privacy and information safeguards.

Under the Information Security Officer's leadership, the Information Security Program is responsible for overseeing the protection of healthcare information and for the development, implementation, and monitoring of policies, standards, and education concerning the security of confidential member data.

PacificSource has established policies regarding employee responsibility for safeguarding healthcare information, oversight and accountability for confidentiality and security, access controls for member information and systems, secure use and disclosure of member information, and responding to member requests to exercise individual rights.



We welcome your questions

For more detailed information about your PacificSource coverage, please review your plan materials. If you have questions, **please contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).