

Boise State University

This PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This benefit includes some drugs required by federal healthcare reform.

The amount you pay for covered prescriptions at participating and non-participating pharmacies applies toward your plan’s participating 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 a participating or non-participating pharmacy are waived during the remainder of the contract year in which you have satisfied the medical out-of-pocket limit.

PREVENTIVE LIST OF DRUGS

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no charge*. It also includes specific generic drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from coming back after recovery. Preventive drugs do not include drugs for treating an existing illness, injury or condition. Preventive drugs are not subject to the deductible. To get a list of covered preventive drugs, call Customer Service or visit PacificSource.com/drug-list.

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

	Tier 1	Tier 2	Tier 3
Participating Retail Pharmacy^			
Up to a 30 day supply:	\$15 co-pay*	\$45 co-pay*	\$75 co-pay*
Participating Mail Order Pharmacy			
Up to a 30 day supply:	\$15 co-pay*	\$45 co-pay*	\$75 co-pay*
31 - 90 day supply:	\$15 co-pay*	\$135 co-pay*	\$225 co-pay*
Non-participating Pharmacy			
30 day max fill, no more than three fills allowed per year:	90% co-insurance*		
Tier 4 Specialty Drugs – Participating Specialty Pharmacy			
Up to a 30 day supply:	\$250 co-pay*		
Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy			
30 day max fill, no more than three fills allowed per year:	90% co-insurance*		

	Tier 1	Tier 2	Tier 3
Compound Drugs **			
Up to a 30 day supply:	\$75 co-pay		

^ Remember to show your PacificSource ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied.

** Not subject to annual medical deductible.*

***Compounded medications are subject to a prior authorization 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. 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. The cost difference between the brand name and generic drug does not apply toward the medical plan's out-of-pocket limit.

See your student guide for important information about your prescription drug benefit, including which drugs are covered, how the tiers work, limitations, and more.