

Your Benefit Summary

Prescription Drug Plan

Formulary F

OnPoint Community Credit Union

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, register and log in at myprovidence.com.

- Medicare Part D creditable.
- To find out how a drug is covered under your plan, view the complete formulary and pharmacy information available online at ProvidenceHealthPlan.com or call us.
- You have broad access to our network of 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 myprovidence.com or call us.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- Copayments and coinsurance apply to your medical plan out-of-pocket maximum.

Drug Coverage Category	Copay or Coinsurance		
	All Participating and Preferred Retail Pharmacies (for up to a 30-day supply)	All Mail Order and Preferred Retail Pharmacies (for up to a 90-day supply of maintenance prescriptions)	All Participating Specialty Pharmacies (for up to a 30-day supply of specialty drugs)
1 - Preferred generic drug	\$10	\$20	N/A
2 - Non-preferred generic drug	\$10	\$20	
3 - Preferred brand-name drug	\$30	\$60	
4 - Non-preferred brand-name drug	\$30	\$60	
5 - Specialty drugs	N/A	N/A	\$30

What you need to know about drug coverage categories

- Both generic and brand-name drugs are covered subject to the terms of your plan.
- FDA-approved women's contraceptives, as listed on your formulary, are covered at no cost for up to a 12-month supply, after a 3-month initial fill, at any participating pharmacy.
- ACA Preventive Drugs are covered in full for up to a 30-day supply purchased at a participating / preferred retail pharmacy. Covered in full for up to a 90-day supply of maintenance drugs at a preferred retail or mail order pharmacy.
- If the cost of your prescription is less than your copay, you will only be charged the cost of the prescription.
- If your benefit includes a copayment or a coinsurance and you or your provider request or prescribe a brand-name drug when a generic is available, regardless of reason, you will be responsible for the cost difference between the brand-name and generic drug in addition to the drug copayment or coinsurance indicated on the benefit summary. Your total cost, however, will never exceed the actual cost of the drug.
- Compounded medications are prescriptions that are custom prepared by your pharmacist. They may be obtained at your participating pharmacy and must contain at least one FDA-approved drug to be eligible for coverage under your plan. Compounded medications are covered for up to a 30-day supply at a 50% coinsurance. Claims are subject to clinical review for medical necessity and are not guaranteed for payment.
- Specialty drugs are prescriptions that may require special delivery, handling, administration, monitoring and may be limited to a 30-day supply. These medications may be found on any tier and will be indicated as Specialty on your formulary. Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies.
- Approved non-formulary medications will be covered at the non-preferred brand-name drug tier. Approved non-formulary specialty drugs will be covered at the specialty cost sharing tier.
- If you take an eligible specialty medication, the Specialty Pharmacy Variable Copay Program helps lower your out-of-pocket costs to \$0. The list of medications eligible for this program is available at <http://ProvidenceHealthPlan.com/smartrxassist>. Refer to your handbook for more information.
- Prior Authorization is not required for medications used to treat Substance Use Disorders, including opiate addiction and withdrawal. Additionally, if your Substance Use Disorder medication has been lost, stolen, or destroyed, you are entitled to up to three early refills of your medication. If you need a refill of your Substance Use Disorder medication and your prescription has expired in the last 12 months, you are entitled to one refill of your medication without a current prescription.

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 be assessed multiple copayments for a multi-use or unit-of-use container or package depending on the medication and the number of days supplied.
- You may purchase up to a 90-day supply of maintenance drugs using preferred retail or mail order pharmacy after the initial 30-day supply purchase. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs obtained from specialty pharmacies.
- Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies. For more information, visit us online at ProvidenceHealthPlan.com.
- Diabetes supplies may be obtained at your participating pharmacy, and covered under your prescription benefit. Refer to your formulary and Member Handbook for additional details.
- Certain injectable medications are deemed as Self-Administered Drugs by Providence Health Plan and will not be covered when administered by your provider, unless Prior Authorization is approved. Drugs may be deemed as Self-Administered Drugs if they are labeled by the FDA for administration by a patient (or their caregiver). Injectable medications labeled by the FDA for administration only by a healthcare provider will generally be covered by your medical benefit.

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.
- The formulary can help you and your physician choose effective medications that are less costly and minimize your out-of-pocket expense.
- Some prescription drugs require prior authorization or a formulary exception in order to be covered; these may include select formulary agents, non-formulary agents, step therapy, and/or quantity limits as listed in our Prescription Drug Formulary available on our website.
- Effective generic drug choices are available to treat most medical conditions. Visit ProvidenceHealthPlan.com for answers to frequently asked questions about both generic drugs and the formulary.
- Insulin cost share capped at \$35 for a 30-day supply, \$105 for a 90-day supply. Deductible does not apply.

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 ProvidenceHealthPlan.com.

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.

Your guide to the words or phrases used to explain your benefits

ACA Preventive drug

Affordable Care Act (ACA) preventive drugs are medications, including contraceptives, that are listed in our formulary. They are covered at no cost when received from Participating Pharmacies as required by the Patient Protection and Affordable Care Act (ACA). Over-the-counter preventive drugs received from Participating Pharmacies will not be covered in full without a written prescription from your Qualified Practitioner under your ACA preventive drug benefit. Over-the-counter contraceptives do not require a written prescription, as required by ORS 743A.067(2)(j)(C) or 743A.067(4).

Coinsurance

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

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, generic and specialty medications.

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 that you have received under our plan for at least a month's supply and that you anticipate continuing to use in the future. Compounded and specialty medications are excluded from this definition, and are limited to a 30-day supply.

Non-Formulary

An FDA-approved drug, generic or brand-name, that is not included in the list of approved formulary medications. These prescriptions require formulary exception (a form of Prior Authorization) by the health plan and, if approved, will be covered at either the highest non-specialty or specialty cost-sharing tier.

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 30-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 30-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.

Preferred brand-name drug / Non-preferred brand-name drug

Brand name drugs are protected by U.S. patent laws and only a single manufacturer has the rights to produce and sell them. Your benefits include drugs listed on our formulary as Non-preferred brand-name or Preferred brand-name drugs. Generally your out-of-pocket costs will be less for Preferred brand-name drugs.

Preferred generic drug / Non-preferred generic drug

Generic drugs have the same active-ingredient formula as the brand-name drug. Generic drugs are usually available after the brand-name patent expires. Generally your out-of-pocket costs will be less for Preferred generic drugs.

Prior authorization

The process used to request an exception to the Providence Health Plan drug formulary. This process can be initiated by the prescriber of the medication or the member. Some drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy or number of doses. Visit us online for additional information at www.ProvidenceHealthPlan.com

Self-administered chemotherapy

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

Contact us

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



Portland Metro Area: **503-574-7500**
All other areas: **800-878-4445**
TTY: **503-574-8702** or **888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:
www.ProvidenceHealthPlan.com/contactus