

# Your Benefit Summary

Prescription Drug Plan

SAIF Corporation - January 1, 2024

## 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](http://myprovidence.com).

- To find out how a drug is covered under your plan, view the complete formulary and pharmacy information available online at [www.ProvidenceHealthPlan.com](http://www.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 [www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.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 (limited to a 30-day supply)	All Mail Order and Preferred Retail Pharmacies (limited to a 90-day supply of maintenance prescriptions)	All Participating Specialty Pharmacies (limited to a 30-day supply of specialty drugs)
ACA preventive drugs	Covered in full	Covered in full	N/A
Preferred generic drug	\$10	\$20	
Non-preferred generic drug	\$30	\$60	
Preferred brand-name drug			
Non-preferred brand-name drug	50% up to \$100	50% up to \$200	
Specialty drug	N/A	N/A	50% up to \$100

## What you need to know about drug coverage categories

- Both generic and brand-name drugs are covered subject to the terms of your plan.
- If the cost of your prescription is less than your copay, you will only be charged the cost of the prescription.
- If you request a brand-name drug when a generic is available, you will be responsible for paying the cost difference, in addition to your brand-name drug copay or coinsurance. This cost difference does not apply to the calendar year deductible, out-of-pocket maximum, or maximum cost share, unless the brand-name drug has been authorized through formulary exception.
- 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 limited to a 30-day supply at a 50% coinsurance up to \$100. Claims are subject to clinical review for medical necessity and are not guaranteed for payment.
- Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist and are limited to 30 days. In rare circumstances, specialty medications may be filled for a great than 30-day supply; in these cases, additional specialty cost-share(s) may apply.
- Fertility drugs covered at a 20% coinsurance after deductible, up to \$10,000 per calendar year. Infertility diagnosis not required. Expenses for Infertility related drugs or injectables do not accumulate toward the Annual Out-of-Pocket Maximum.
- Self-administered chemotherapy drugs are covered under your pharmacy benefits or your medical benefits, whichever allows for your lowest out-of-pocket cost. Please refer to your medical Benefit Summary for more information.

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## 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.
- Self-injectable medications are only covered when they are being self-administered and labeled by the FDA for self-administration; in some cases, a prior authorization may be required for the drug. Documentation of self-administration may also be required. Drugs labeled for self-administration that are being administered by a provider will fall to your medical benefit.
- Diabetes supplies may be obtained at your participating pharmacy, and are subject to your group's medical supplies and devices benefits, limitations, and coinsurance. See your Member Handbook for details.
- Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies. For more information, visit us online at [www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com).

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## 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 [www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com) for answers to frequently asked questions about both generic drugs and the formulary.
- Insulin cost share capped at \$85 for a 30-day supply. Deductible does not apply.

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## 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 [www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com).

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## 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.

**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.

**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 and generic 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 a prior authorization by the health plan and, if approved, will be covered at either the highest non-specialty or specialty cost sharing tier.

**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. Your benefits include drugs listed on our formulary as Non-preferred generic or Preferred generic drugs. Generally your out-of-pocket costs will be less for Preferred generic drugs.

**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.

**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](http://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](http://www.ProvidenceHealthPlan.com/contactus)