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 www.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 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 or call us.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.

<table>
<thead>
<tr>
<th>Drug Coverage Category</th>
<th>Copay or Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For up to a 31-day supply</td>
</tr>
<tr>
<td>Generic Drug (Retail / Mail Order)</td>
<td>40% (up to $250 max per prescription)</td>
</tr>
<tr>
<td>Preferred Brand-Name Drug (Retail / Mail Order)</td>
<td>40% (up to $250 max per prescription)</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Drug (Retail / Mail Order)</td>
<td>40% (up to $250 max per prescription)</td>
</tr>
<tr>
<td>Specialty Drug (for up to a 31-day supply of specialty and self-administered chemotherapy drugs)*</td>
<td>40% (up to $250 max per prescription)</td>
</tr>
<tr>
<td>After $5,000 out-of-pocket maximum has been met*</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

What you need to know about drug coverage categories
- Both generic and brand-name drugs are covered subject to the terms of your plan.
- Compounded drugs are medications that are custom prepared by your pharmacist. These prescriptions must contain at least one Food and Drug Administration (FDA) approved drug.
- Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist.
- 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.
- Approved non-formulary medications will be covered at the non-preferred brand-name drug tier.

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 purchase up to a 93-day supply of maintenance drugs using a participating mail-service or preferred retail pharmacy. 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 www.ProvidenceHealthPlan.com.
- 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.
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. If a formulary exception is approved, your generic or brand-name cost share will apply.
- Effective generic drug choices are available to treat most medical conditions. Visit www.ProvidenceHealthPlan.com for answers to frequently asked questions about both generic drugs and the formulary.

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.

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

**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.

**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 Generic drugs.

**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 30 days and that you anticipate continuing to use in the future. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs obtained from specialty pharmacies.

**Non-Formulary**
An FDA-approved drug 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 pay at the non-preferred brand-name drug 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.

**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 31-day supply of short-term and maintenance prescriptions.
- Preferred Retail: a participating pharmacy that allows up to a 93-day supply of maintenance prescriptions and access to up to a 31-day supply of short-term prescriptions.
- Specialty: a participating pharmacy that allows up to a 31-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 93-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.

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