## Important Benefits Summary

### Prescription Drug, Part-Time

**Important Plan Information**

This summary provides only highlights of your pharmacy benefits. Certain limitations and exclusions apply. To view all of your plan details, including your Member Handbook, visit [www.AllCareHealth.com/Public-Employees](http://www.AllCareHealth.com/Public-Employees).

- To find out how a drug is covered under your plan, view the complete formulary and pharmacy information online at [www.AllCareHealth.com/Public-Employees](http://www.AllCareHealth.com/Public-Employees) or call Member Services at (888) 460-0185.
- You have broad access to more than 65,000 Preferred Network Pharmacies and their services at discounted rates.
- Pharmacies are designated as Preferred Network Pharmacies and Out-of-Network Pharmacies.
- View a list of Preferred Network Pharmacies at [www.AllCareHealth.com/Public-Employees](http://www.AllCareHealth.com/Public-Employees) or call us.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- Deductibles do not apply to the calendar-year Rx out-of-pocket maximum.
- Deductibles, copays, and cost differences for prescription drugs do not apply to calendar-year medical plan out-of-pocket maximums or deductibles.
- Your pharmacy deductible, copayments, or coinsurance apply to the medical calendar-year maximum cost share amounts indicated on your medical benefits summary.

### Drug Coverage Categories

<table>
<thead>
<tr>
<th>Drug Coverage Category</th>
<th>Copayments</th>
<th>Calendar-Year Deductible</th>
<th>Yearly Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive/Essential Health Benefit (EHB): 30 day</td>
<td>Covered in full ✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive/EHB: 90 day</td>
<td>Covered in full ✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generics: 30 day</td>
<td>$15</td>
<td></td>
<td>$50 per person</td>
</tr>
<tr>
<td>Generics: 90 day</td>
<td>$30</td>
<td></td>
<td>$150 per family</td>
</tr>
<tr>
<td>Brand-name: 30 day</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Brand-name: 90 day</td>
<td>$80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Preferred: 30 day</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Non-Preferred: 90 day</td>
<td>$150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty: 30 day</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

✓ No deductible needs to be met prior to receiving this benefit.

### 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 be charged only the cost of the prescription.
- Compounded drugs are prescriptions that are custom-prepared by the pharmacist. These prescriptions must contain at least one drug approved by the US Food and Drug Administration (FDA).
- Specialty drugs are prescriptions that require special delivery, handling, administration, and monitoring by the pharmacist.
- Self-administered chemotherapy drugs are covered under your pharmacy benefits or your medical benefits, whichever allows for the lowest out-of-pocket cost. Please refer to your medical Benefits Summary for more information.
- Tobacco cessation medications (bupropion and Chantix®) and over-the-counter (OTC) nicotine gum and patches are covered in full when prescribed by your provider.
Using Your Prescription Drug Benefits

• Your prescription drug benefits require that you fill your prescriptions at a Preferred Network Pharmacy.
• Be sure to present your current AllCare PEBB member identification card along with your copay or coinsurance.
• You may purchase up to a 90-day supply of non-specialty maintenance drugs using our Preferred Network mail-order pharmacy or a Choice90 Rx pharmacy. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs obtained from specialty pharmacies.
• Most specialty and chemotherapy drugs are available only at our designated specialty pharmacy. For more information visit us online at www.AllCareHealth.com/Public-Employees.
• Diabetes supplies may be obtained at a Preferred Network 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 AllCare PEBB 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.
• Some prescription drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy, or number of doses. If a drug to treat your covered medical condition is not in the formulary, please contact us.
• The formulary can help you and your provider choose effective medications that are less costly and minimize your out-of-pocket expense.
• Effective generic drug choices are available to treat most medical conditions. For answers to frequently asked questions about both generic drugs and the formulary, visit www.AllCareHealth.com/Public-Employees.

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 our Preferred Network mail-order pharmacy.
• To find our Preferred Network mail-order pharmacy information, visit www.AllCareHealth.com/Public-Employees.

If You Use an Out-of-Network Pharmacy

• Urgent or emergency medical situations may require that you use an Out-of-Network 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.
What You Need to Know About Limitations and Exclusions

The following is a summary of the limitations and exclusions under your prescription drug plan. For complete descriptions view the Member Handbook at www.AllCareHealth.com/Public-Employees.

Limitations

- All drugs must be Food and Drug Administration (FDA) approved, Medically Necessary and require by law a prescription to dispense. Not all FDA approved drugs are covered under this Plan. Newly approved drugs will be reviewed for safety and Medical Necessity within 12 months after the drug becomes available on the market for formulary consideration.

- Certain drugs require Prior Authorization for Medical Necessity, place of therapy, length of therapy, step therapy, number of doses or dispensing limits. Step therapy uses our pharmacy claims history to confirm if certain drugs have been tried first by a Member. If a drug has not been tried first, cannot be tried first, or if the drug history is not available, Prior Authorization is required. For some drugs, AllCare PEBB limits the amount of the drug we will cover. You or your Qualified Practitioner can contact AllCare PEBB directly to request Prior Authorization. If you have questions regarding a specific drug, please call Member Service.

- Specialty drugs are injectable, infused, oral, topical, or inhaled therapies that often require specialized delivery, handling, monitoring, and administration and are generally high cost. These drugs must be purchased through AllCare PEBB’s designated Specialty Pharmacy. Due to the nature of these medications, specialty drugs are limited to a 30-day supply (or minimum package size to approximate a 30-day supply).

- Self-injectable medications are only covered if they are intended for self-administration; labeled by the FDA for self-administration; and are referenced in AllCare PEBB’s Formulary.

- Compound prescription drugs must contain at least one ingredient that is an FDA-approved prescription drug in a therapeutic amount, must meet AllCare PEBB’s medical necessity criteria and be purchased at a Preferred Network pharmacy. Compounded drugs from bulk powders that are not a component of a FDA-approved drug are not covered.

Exclusions

- Drugs or medications prescribed that do not relate to the treatment of a covered illness or injury;

- Devices, appliances, supplies and Durable Medical Equipment of any type, even though such devices may require a prescription order. Some of these items may be covered under your medical benefits. Please refer to the Benefit Summary and section 5.9 in the Member Handbook;

- Experimental or investigational drugs or drugs used by a Member in a research study or in another similar investigational environment;

- Drugs that are not provided in accordance with AllCare PEBB’s formulary management program, unless approved in the exception process (see section 5.11.10 in the Member Handbook);

- Drugs or medications prescribed that are not Medically Necessary or are not provided according to the AllCare PEBB’s medical policy or Prior Authorization requirements;

- Methadone for the treatment of chemical dependency. Methadone to treat chemical dependency is covered under the medical chemical dependency benefit when the treatment is part of an approved medically supervised treatment program and is subject to any applicable benefit limits;

- Over-the-Counter (OTC) drugs, medications, or vitamins that may be purchased without a provider’s written prescription and prescription drugs for which there are OTC therapeutically similar forms (OTC medications required to be covered as a preventive Service as established by federal legislation will be covered in full when prescribed by a Qualified Practitioner; see section 5.2. in the Member Handbook);

- Drugs dispensed from pharmacies outside the United States, except when prescribed for Urgent/Immediate Care and Emergency Medical Conditions;

- Drugs that, by law, do not require a prescription, except insulin;

- Replacement of lost or stolen medication;

- Drugs dispensed or compounded by a pharmacist that do not have at least one FDA approved medication in therapeutic amount;

- Drugs used for cosmetic purposes;

- Drugs used in the treatment of drug induced fatigue, general fatigue, and idiopathic hypersomnia;

- Drugs that are not approved by the Food and Drug Administration (FDA), or that are designated as “less than effective” by the FDA, also known as “DESI” drugs.
**brand-name drug**
Brand name drugs are protected by U.S. patent laws for up to 17 years, so only the pharmaceutical company that holds the patent has exclusive rights to produce and sell them.

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

**compounded drug**
The combining, mixing, or altering of covered drugs or other ingredients for a customized prescription for an individual as prescribed by a licensed provider.

**copay**
The fixed dollar amount you pay to a participating pharmacy, at the time of purchase, for a covered prescription drug.

**deductible**
The dollar amount that an individual or family pays for prescription drug covered services before the plan pays any prescription drug benefits within a calendar year. The deductible is waived for drugs on AllCare PEBB's Essential Health Benefits and Preventive Drugs list. The following expenses do not apply to an individual or family deductible:
- Prescription drug services not covered by your plan
- Copays or coinsurance for any medical benefits or other supplemental benefits provided by your employer, such as routine vision care

Dollar amounts applied to your prescription drug deductible do not apply to your medical deductible or medical out-of-pocket maximum.

**Essential Health Benefits and Preventive Drugs list**
A specified list of commonly used medications for treating chronic conditions such as diabetes, high blood pressure, high cholesterol, heart disease, depression, and asthma and other breathing disorders. This list also includes medications and supplements considered Essential Health Benefits as established by the ACA. These medications may be generic or brand-name and are considered first-line treatments for many conditions. They are on our formulary and are covered in full.

**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 AllCare PEBB formulary includes both brand-name and generic medications.

**generic drug**
Generic drugs have the same active-ingredient formula as the corresponding brand-name drug. Generic drugs are tested by the FDA to be as safe and effective as brand-name drugs. Generic drugs are available only after the brand-name patent expires. Visit [www.AllCareHealth.com/Public-Employees](http://www.AllCareHealth.com/Public-Employees) for answers to frequently asked questions about generic drugs.

**maintenance drug**
Non-specialty 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.

**maximum cost share**
The annual limit on cost sharing for Essential Health Benefits as established by the Patient Protection and Affordable Care Act (ACA). Deductibles, copayments, and coinsurance paid by the member for Essential Health Benefit covered services received at a preferred provider apply to the maximum cost share.

**out-of-pocket maximum**
The limit on the dollar amount you will have to spend for covered prescription drugs in a calendar year. Some services and expenses do not apply to the common out-of-pocket maximum. See your Member Handbook for details.

**Preferred Network Pharmacies**
Pharmacies that have a signed contract with AllCare PEBB to provide medications and other services at special rates. There are four types of Preferred Network Pharmacies:
- **Retail:** a pharmacy that allows up to a 30-day supply of short-term and non-specialty maintenance prescriptions.
- **Choice90 Rx:** a pharmacy that allows up to a 90-day supply of non-specialty maintenance prescriptions and access to up to a 30-day supply of short-term prescriptions.
- **Specialty:** a 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 the pharmacist.
- **Mail-order:** a pharmacy that allows up to a 90-day supply of non-specialty maintenance prescriptions and specializes in direct delivery to your home.

For a complete description of the types of services provided by Preferred Network Pharmacies, see your Member Handbook.

**prior authorization**
The process used to request an exception to the AllCare PEBB drug formulary. This process is initiated by the prescriber of the medication. Some drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy, or number of doses. Visit [www.AllCareHealth.com/Public-Employees](http://www.AllCareHealth.com/Public-Employees) for additional information.

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