

# PHARMACY BENEFITS

## Prescription Drug Coverage for Medical Plans

The Prescription Drug Program is coordinated through Premera Blue Cross Blue Shield of Alaska. Information on your benefits coverage and a list of network pharmacies is available online at [www.premera.com](http://www.premera.com) or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic Preventive, Preferred Generic, Preferred Brand Name, Specialty Drugs, and Non-Preferred.

	PREMIUM PLAN		BASIC PLAN		HDHP W HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX OUT-OF-POCKET MAXIMUM (OOP)	Rx OOP Max \$1,000 Ind / \$1,700 Family		Rx OOP Max \$1,000 Ind / \$1,700 Family		HDHP RX expenses are included within the medical deductible and OOP Max.	
<b>RETAIL RX (30-DAY SUPPLY) - % OF COINSURANCE PAID BY THE MEMBER</b>						
GENERIC PREVENTIVE	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
PREFERRED GENERIC**	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	20%*	20%*
PREFERRED BRAND NAME	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	20%*	20%*
SPECIALTY DRUGS	\$100 Copay	Not Covered	\$100 Copay	Not Covered	20%*	20%*
NON-PREFERRED	30%	30%	30%	30%	20%*	20%*
<b>MAIL ORDER RX (90-DAY SUPPLY) - % OF COINSURANCE PAID BY THE MEMBER</b>						
GENERIC PREVENTIVE	100% Covered	Not Covered	100% Covered	Not Covered	100% Covered	Not Covered
PREFERRED GENERIC	\$20 Copay	Not Covered	\$20 Copay	Not Covered	20%*	Not Covered
PREFERRED BRAND NAME	\$60 Copay	Not Covered	\$60 Copay	Not Covered	20%*	Not Covered
SPECIALTY DRUGS	\$110 Copay	Not Covered	\$110 Copay	Not Covered	20%*	Not Covered

\*\*You may be eligible to fill a Preferred Generic prescription for a 90-day supply for 3 times the 30-day copay or coinsurance amount. \*After Deductible Please confirm with your pharmacy and/or physician.

## Preventive Medications

Most preventive medications are covered at no cost to you on all plans. Confirm with your pharmacy when you fill your prescription. For a list of current preventive medications, please refer to the PV Core Plus drug list available through Premera's website (<https://www.premera.com/documents/052924.pdf>). This drug list applies to all three UA Choice Plans.

For more information on alternatives for non-preferred or excluded drugs, please visit Premera's website at [www.premera.com](http://www.premera.com).

## Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit [www.fda.gov](http://www.fda.gov).