

# PHARMACY BENEFITS

## Prescription Drug Coverage for Medical Plans

The Prescription Drug Program is coordinated through Premera Blue Cross Blue Shield of Alaska. Information on the 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 the back of the ID Card. Costs are 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		COPAY 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	Not 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%
PREFERRED SPECIALTY DRUGS	\$100 Copay	Not Covered	\$100 Copay	Not Covered	20%*	Not Covered
ALL NON-PREFERRED DRUGS	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
PREFERRED SPECIALTY DRUGS	\$100 (30-day supply only)	Not Covered	\$100 (30-day supply only)	Not Covered	20%*	Not Covered

\*After Deductible

\*\*Employees may be eligible to fill a Preferred Generic Prescription for a 90-day supply for 3 times the 30-day copay or coinsurance amount. Employees are encouraged to confirm with their pharmacy and/or physician.

## Preventive Medications

Most preventive medications are covered at no cost on all plans. Employees should confirm with their pharmacy when they fill their prescription. For a list of current preventive medications, please refer to the PV Core Plus drug list available through Premera's website ([www.premera.com/documents/052924.pdf](http://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? Generic prescription drugs are a more affordable option. They 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. 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 specific drugs, visit [www.fda.gov](http://www.fda.gov).

## Maintenance Medications

Employees who are taking a drug on a regular basis to control or treat an ongoing or chronic condition will be able to get their first two fills at a retail pharmacy but then will need to use the mail order pharmacy for future refills. If an employee does not use the mail order pharmacy for their maintenance drugs, the regular retail copay will be doubled for the same 30 day supply. Find out which drugs make the list of Maintenance Medications and view the Maintenance Medication Exempt List to find exceptions.

Maintenance Medications:

[www.alaska.edu/hr/benefits/documents-and-forms/pharmacy/maintenance-medication-list.pdf](http://www.alaska.edu/hr/benefits/documents-and-forms/pharmacy/maintenance-medication-list.pdf)

## Specialty Medications

Patients with rare or complex chronic medical conditions need the extra help to manage medications and costs. Premera's Specialty Pharmacy Program provides a full complement of specialized drugs and services by partnering with specialty pharmacies to help educate, provide clinical support for dosing and potential side effects, and to help you with ordering medication and assess delivery options.

If an employee is taking medications for a complex chronic medical condition contact Accredo, an Express Scripts Specialty Pharmacy. Call toll-free at 800-689-6592 to enroll and ask an Accredo representative to call the provider if a new prescription is needed. Providers may also call Accredo directly once their patient is enrolled to fill ongoing prescriptions. Certain Specialty Drugs through the Premium and Copay Plans have a \$100 copay for up to a 30-day supply through the Accredo Health Group. Specialty Drugs through the HDHP require 20% coinsurance after the deductible has been met. For more information on the Premera Specialty Pharmacy Program, Accredo Health Group and a list of Specialty Drugs, please visit [www.premera.com/wa/provider/pharmacy/pharmacy-services/specialty-pharmacy/](http://www.premera.com/wa/provider/pharmacy/pharmacy-services/specialty-pharmacy/).

## SaveonSP Specialty Coupon Program

The University of Alaska is collaborating with Express-Scripts' program, **SaveonSP**, to help employees save money on certain specialty medications. Contact SaveonSP directly at 1-800-683-1074 to find out what medications are eligible. Participation is voluntary and employees must contact them prior to filling a prescription.

- » If an employee participates in this program, the copay will be covered under the SaveonSP program for the specialty medications included in the program, which will result in no out-of-pocket costs to the employee.
- » Prescriptions will still be filled through **Accredo**, the existing Specialty Pharmacy.

Current SaveonSP Medication List:

[www.premera.com/saveonsp](http://www.premera.com/saveonsp)

*The prescription drugs included in the SaveonSP program are classified as Non-Essential Health Benefits under the Affordable Care Act. Because of this, the prescription drug is not required to apply towards out-of-pocket accumulators.*

*The medications and associated copays included in this program are subject to plan clinical rules and subject to change.*

*This program is available exclusively to members enrolled in the Premium and Copay health plans in order to comply with IRS regulation.*

