

University of Portland

**Formulary:** Oregon Drug List (ODL)

This plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit [PacificSource.com/find-a-drug](http://PacificSource.com/find-a-drug).

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan’s in-network medical out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan’s out-of-network out-of-pocket limit which is shown on the Medical Benefit Summary. The copayment and/or coinsurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the benefit year in which you have satisfied the medical out-of-pocket limit.

**PacificSource Expanded (Preventive) No-cost Drug List**

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0 copay. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. You can get a list of covered preventive drugs by contacting our Customer Service team or visit [PacificSource.com](http://PacificSource.com) and select Find a Drug.

**Affordable Care Act Standard Preventive No-cost Drug List**

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties when filled at an in-network pharmacy. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

**Contraceptives**

Contraceptives approved by the Food and Drug Administration (FDA) are covered as required under state law and as recommended by the USPSTF, HRSA, and CDC. Any deductibles, copayments, and/or coinsurance amounts are waived if a generic is filled. When no generic exists, brand name contraceptives may be covered at no cost. If your provider prescribes a non-formulary contraceptive due to medical necessity, it may be subject to exception review for coverage at no charge.

If an initial three month supply is tried, then a 12 month refill of the same contraceptive is covered at an in-network pharmacy in accordance with pharmacy benefits, regardless if the initial prescription was filled under this plan.

**Each time a covered prescription is dispensed, you are responsible for the amounts below:**

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Retail Pharmacy</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$20*	No deductible, \$35*	No deductible, \$55*	No deductible, \$80

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Mail Order Pharmacy</b>				
<b>Up to a 90 day supply:</b>	No deductible, \$60*	No deductible, \$105*	No deductible, \$165*	No deductible, \$240
<b>Compound Drugs**</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$55			
<b>Out-of-network Pharmacy</b>				
<b>30 day maximum fill, no more than three fills allowed per year:</b>	No deductible, 90%			

\*Prescription insulin is not subject to a deductible and is limited to \$35 copay per 30 day supply when filled at an in-network pharmacy.

\*\*Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance plus the difference in cost between the brand name drug and its generic equivalent. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's copayment and/or coinsurance. The cost difference between the brand name and generic drug does not apply toward the medical out-of-pocket limit. Does not apply to formulary tobacco cessation and preventive bowel prep kits covered under USPSTF guidelines.

**See your student guide for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.**