

City of Albany

Benefit Year: Calendar Year

Formulary: Preferred Drug List (PDL)

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.

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.

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. 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.

Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
In-network Retail Pharmacy			
Up to a 30 day supply:	No deductible, \$20	No deductible, \$40*	No deductible, \$60*
31 - 60 day supply:	No deductible, \$40	No deductible, \$80	No deductible, \$120
61 - 90 day supply:	No deductible, \$60	No deductible, \$120	No deductible, \$180
In-network Mail Order Pharmacy			
Up to a 90 day supply:	No deductible, \$20	No deductible, \$40*	No deductible, \$60*
Compound Drugs**			
Up to a 30 day supply:		No deductible, \$60	
31 - 60 day supply:		No deductible, \$120	
61 - 90 day supply:		No deductible, \$180	

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
Out-of-network Pharmacy			
30 day maximum fill, no more than three fills allowed per year:		No deductible, 50%	
Tier 1, Tier 2, and Tier 3 Member Pays			
Specialty Drugs - In-network Specialty Pharmacy			
Up to a 30 day supply:		No deductible, the lesser of \$100 or 20%	
Specialty Drugs - Out-of-network Specialty Pharmacy			
30 day maximum fill, no more than three fills allowed per year:		No deductible, 50%	

*Formulary prescription insulin will not be subject to a deductible and limited to \$85 copay per 30 day supply.

**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.

MAC A - Regardless of the reason or medical necessity, if you receive a brand name drug or if your provider prescribes 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 and generic drug. The cost difference between the brand name and generic drug does not apply toward the medical out-of-pocket limit. Does not apply to preventive bowel prep kits covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to prior authorization for coverage at no charge.

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