



Physicians Network Medical Group, Inc.



Benefits Administration

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Roseville, CA 95661-9031

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AdventistHealth.org

## 2023 PHARMACY BENEFIT INFORMATION – HDHP

PNMG has partnered with OptumRx to provide prescription medication coverage. This document contains specific coverage and exclusion information about your prescription benefit.

### Formulary

PNMG uses the OptumRx Premium Select Standard Formulary. You can search for the formulary status of your medications using the OptumRx app or online at OptumRx.com.

<b>HDHP Copays</b>			
<b>Prescription Drug Coverage (After calendar year medical deductible is met*)</b>			
<small>*Deductible waived for all IRS approved preventive care medications</small>			
	<b>Generic Drugs</b>	<b>Preferred Brand Name Drugs</b>	<b>Non-Preferred Brand Name Drugs</b>
<b>Retail</b> (per 30-day supply, up to a 90-day supply)	\$10 per prescription	\$25 per prescription	\$40 per prescription
<b>OptumRx Home Delivery</b> (up to a 90-day supply)	\$20 per prescription	\$50 per prescription	\$80 per prescription
<b>Specialty Drugs</b> (up to a 30-day supply)	30% up to \$250 copay maximum per prescription		

### Clinical programs

Your plan may require one or more of the following before you can fill your prescription:

- Prior authorization - Your plan’s permission to get a medication
- Step therapy - Trying one medication before another
- Quantity limits - Allowing a certain amount of medication to be dispensed

The clinical programs are administered by OptumRx. To perform a clinical program review, your prescriber can contact OptumRx at 844-368-8731.

### Preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications. The drugs the preventive medications list do not have a deductible. This means you’ll pay your copayment/coinsurance or nothing at all. To check the cost of any medication, call 866-868-1707, visit OptumRx.com, or log on to the OptumRx app.

### Specialty medications

All specialty medications are limited to a 30-day supply. Specialty medications must be filled through the Optum Specialty Pharmacy network (855-427-4682). Please refer to the OptumRx formulary, available at OptumRx.com or on the OptumRx app, to identify if your medication is considered a specialty medication.

### Compounded medication

Compounded medications are subject to a \$300 per claim maximum. When covered, compounded medications are subject to Plan coverage rules, including formulary restraints and clinical rules. Compounded medications, when covered, are assigned a “Tier 3 (non-preferred brand)” copayment. Compounded medications are only covered if determined to be medically necessary due to unavailability of similar or substitutable commercially-available medication(s).

### Excluded medications


Here are some examples of products that are not covered by your benefit: cosmetic medications, hair growth agents, homeopathic medications, fertility agents, vitamins, nutritional supplements, over-the-counter (OTC) medications, medical foods and non-FDA approved medications.

### 24/7 support

Visit **OptumRx.com** to get the latest details about your benefits, set up your online account and become familiar with all the other tools. You can also download the OptumRx app from the Apple® App Store® or Google Play<sup>SM</sup>. Contact OptumRx with any questions at **866-868-1707**. They are available 24 hours a day, 7 days a week to answer questions about your medications or prescription benefits.

### Member ID card

Your pharmacy plan information, including OptumRx contact information, can be found in the orange box on your Provider Health Plan ID card. Pharmacy deductible and out of pocket max can be found in the Member Responsibility section of your ID card.

 Physicians Network Medical Group, Inc.		PLAN NAME: PNMG Provider Health Plan - PPO HDHP	
<b>MEMBER</b> Physicians Network Medical Group <b>Effective Date:</b> 09/01/2022 <b>Group #:</b> <b>Member:</b> <b>Health Plan ID:</b>		<b>MEMBER RESPONSIBILITY</b> <b>Adventist Health OnDemand</b> \$5 <b>Office Visit &amp; Urgent Care</b> Tier One Tier Two Tier Three \$20 \$30 \$30 <b>Emergency Room</b> \$100	
<b>Rx Bin:</b> 610011 <b>Rx PCN:</b> IRX <b>Rx Group:</b> PNMGRx Pharmacy Prior Authorization: 844.368.8731		<b>Medical and Pharmacy</b> <b>Deductible</b> Individual \$2,250 <b>Family:</b> Individual \$2,800 Family max \$4,500 <b>Out of Pocket Max</b> <b>Tier One and Tier Two:</b> Individual \$3,500 Family \$7,000 <b>Tier Three:</b> Individual \$6,000 Family \$12,000	
		<b>SERVICES IN CALIFORNIA TIER 1 &amp; 2</b> <b>To locate a network provider:</b> AdventistHealth.org/ProviderHealthPlan 