



Physicians Network Medical Group, Inc.



Benefits Administration

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AdventistHealth.org

2023 PHARMACY BENEFIT INFORMATION – PPO

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.

PPO Plan Copays Prescription Drug Coverage			
	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Brand Name Drugs
Retail (per 30-day supply, up to a 90-day supply)	\$10 per prescription	\$30 per prescription	\$50 per prescription
OptumRx Home Delivery (up to a 90-day supply)	\$20 per prescription	\$60 per prescription	\$100 per prescription
Specialty Drugs (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.

Zero-dollar copay program

PPO Plan members pay a \$0 copay for generic maintenance medications used to treat asthma, depression, diabetes, heart disease/high blood pressure, and high cholesterol when filled through OptumRx Home Delivery. Tier 2 (preferred brand) vial insulins and blood glucose testing supplies are also included. **The \$0 copay program is only available at Optum Home Delivery pharmacies.**

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 PlaySM. 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.

 Physicians Network Medical Group	PLAN NAME: PNMG Provider Health Plan - PPO
MEMBER Physicians Network Medical Group Effective Date: 09/01/2022 Group #: Member: Health Plan ID:	MEMBER RESPONSIBILITY Adventist Health OnDemand \$5 Office Visit & Urgent Care Tier One \$20 Tier Two \$30 Tier Three \$30 Emergency Room \$100 Medical Deductible Tier One \$0 Tier Two \$500 Tier Three \$500 Out of Pocket Max Individual \$1,700 Family \$5,100
Rx Bin: 610011 Rx PCN: IRX Rx Group: PNMRx Pharmacy Prior Authorization: 844.368.8731 Deductible In-Network \$0	 866.868.1707 www.optumrx.com Out of Pocket Max Individual \$3,700 Family \$4,500
	SERVICES IN CALIFORNIA TIER 1 & 2 To locate a network provider: AdventistHealth.org/ProviderHealthPlan 