

## 2023 traditional, deductible, and HDHP prescription drugs

This benefit covers outpatient prescription drugs and supplies prescribed by a participating provider or any licensed dentist and obtained at a participating pharmacy, including our mail-order pharmacy. Drug formulary guidelines apply.

### Outpatient prescription drug plan offerings

#### Traditional and deductible cost share options

| Select your prescription drug plan |                 |                     |           |                             |
|------------------------------------|-----------------|---------------------|-----------|-----------------------------|
| Generic                            | Preferred Brand | Non-Preferred Brand | Specialty | Pairs with Dual Choice PPO® |
| \$10                               | \$20            | \$40                | \$100     | Yes                         |
| \$10                               | \$20            | \$40                | \$150     | Yes                         |
| \$10                               | \$30            | \$60                | 50%       | Yes                         |
| \$15                               | \$30            | \$50                | \$100     | Yes                         |
| \$15                               | \$30            | \$50                | \$150     | Yes                         |
| \$15                               | \$30            | \$50                | \$200     | Yes                         |
| \$15                               | \$60            | \$80                | 50%       | Yes                         |
| \$20                               | \$40            | \$60                | \$150     | Yes                         |
| \$20                               | \$40            | \$60                | \$200     | Yes                         |

#### HSA-qualified high deductible cost share options\*

| Select your prescription drug plan |                 |                     |           |                             |
|------------------------------------|-----------------|---------------------|-----------|-----------------------------|
| Generic                            | Preferred Brand | Non-Preferred Brand | Specialty | Pairs with Dual Choice PPO® |
| \$10                               | \$20            | \$40                | \$100     | Yes                         |
| \$10                               | \$20            | \$40                | \$150     | Yes                         |
| \$10                               | \$30            | \$60                | 50%       | Yes                         |
| \$15                               | \$30            | \$50                | \$100     | Yes                         |
| \$15                               | \$30            | \$50                | \$150     | Yes                         |
| \$15                               | \$30            | \$50                | \$200     | Yes                         |
| \$15                               | \$60            | \$80                | 50%       | Yes                         |
| \$20                               | \$40            | \$60                | \$150     | Yes                         |
| \$20                               | \$40            | \$60                | \$200     | Yes                         |
| 10%                                | 10%             | 10%                 | 10%       | Yes                         |
| 20%                                | 20%             | 20%                 | 20%       | Yes                         |
| 30%                                | 30%             | 30%                 | 30%       | Yes                         |
| 40%                                | 40%             | 40%                 | 40%       | Yes                         |
| 50%                                | 50%             | 50%                 | 50%       | No                          |

\*All cost share amounts shown above for the HSA-qualified plans are after deductible.

## How to get covered drugs and supplies

Participating pharmacies are located in many Kaiser Permanente participating facilities. To find a participating pharmacy, please see your *Medical Facility Directory*, visit **kp.org**, or contact Member Services.

When you get a prescription from a participating pharmacy, you pay the cost share shown above for up to a 30-day supply. This applies for each prescription. If charges for the drug or supply are less than your cost share, you pay the lesser amount.

## Mail-order pharmacy

We offer postage-paid delivery to addresses in Oregon and Southwest Washington. Receive up to a 90-day supply for 2 copays. Some drugs and supplies are not available through our mail-order pharmacy, for example, controlled substances as determined by state and/or federal regulations, drugs that require special handling or are affected by temperature, or drugs that are high cost. If you would like to use our mail-order pharmacy, call **1-800-548-9809**, or order online at **kp.org/refill**.

## New members — getting started

If you have an existing prescription, please complete the online Transfer Your Prescriptions form at **kp.org/newmember** or call the New Member Welcome Desk at **1-888-491-1124**. We will work with your pharmacy to transfer your medications, coordinate refills, and answer questions. Kaiser Permanente has a formulary list of medications covered under your prescription benefit. If your medication is not on the formulary, one of our pharmacists will work with you and your health care team to update your medication to a formulary product. Our health care team uses our formulary to help determine the safest, most effective prescriptions for you.

## Formulary information

Our drug formulary is a list of drugs that our Regional Formulary and Therapeutics Committee has approved for our members. The Regional Formulary and Therapeutics Committee chooses drugs for the formulary based on a number of factors, including safety and effectiveness as determined from a review of the scientific literature.

We may add drugs to the formulary or remove drugs from it. If we remove a drug from the formulary, you will need to switch to another comparable drug that is on the drug formulary. Drugs on our formulary may move to a different drug tier during the year. For example, a drug could move from the non-preferred brand drug list to the preferred brand drug list. If we move a drug you are taking to a different drug tier, this could change the cost share amount you pay for that drug.

To see if a drug or supply is on our drug formulary, or to find out what drug tier the drug is in, go online to **kp.org/formulary**. You may also call our Formulary Application Services Team (FAST) at **503-261-7900** or toll free at **1-888-572-7231**. If you would like a copy of our drug formulary or information about the formulary exception process, please call Member Services. The presence of a drug on our drug formulary does not necessarily mean that your provider will prescribe it for a particular medical condition.

## Diabetic supplies

The following nonprescription items are covered for the treatment of diabetes: glucagon emergency kits, insulin, ketone test strips for urine testing-, blood glucose test strips, and disposable needles and syringes. Additional diabetic equipment and supplies may be covered under your durable medical equipment (DME) and prosthetics and orthotics benefits.

## Prescription drug exclusions (this is only a partial list of exclusions)

- Any special packaging, other than the dispensing pharmacy's standard packaging.
- Brand-name drugs for which a generic drug is available, unless approved.
- Drugs, biological products, and devices that the FDA has not approved.
- Drugs used for the treatment of infertility.
- Drugs used for the treatment or prevention of sexual dysfunction disorders.
- Drugs used in weight management.
- Drugs use to enhance athletic performance.
- Nutritional supplements.