

**Kaiser Permanente Insurance Company  
Kaiser Permanente Bernard J. Tyson School of Medicine, Inc.  
Exclusive Provider Organization (EPO) Student Blanket Health Insurance Plan**

**OUTPATIENT PRESCRIPTION DRUG COVERAGE**

**COVERED SERVICES**

**YOUR COST SHARE**

**PARTICIPATING PHARMACY**

**Outpatient Prescription Drug Benefit:**

Tier 0: Preventive Drugs: (required under the Affordable Care Act (ACA))	No Charge
Tier 1: Lower-cost generics and some brand name drugs:	\$10 Copayment for up to a 30-day supply*
Tier 2: Mid-range cost preferred brand name drugs:	\$30 Copayment for up to a 30-day supply*
Tier 3: Exception-based non-preferred brand name drugs:**	\$30 Copayment for up to a 30-day supply*

*\*FDA-approved self-administered hormonal contraceptive drugs are covered when obtained at a Participating Pharmacy or through the mail order program. If so prescribed by the prescribing provider, a maximum of a 12-month supply of the self-administered hormonal contraceptive drug may be obtained at one time.*

*\*\*Tier 3 Exception-based non-preferred brand name drugs require approval of an exception request in order to be dispensed. Please refer to the "Exception Requests for Non-Formulary Drugs" provision under the Outpatient Prescription Drug Benefit section of Your Certificate of Insurance.*

*You or Your prescribing physician may request that the pharmacist dispense a partial quantity of the prescribed amount when filling a prescription for an oral, solid dosage Schedule II controlled substance. Your Cost Share will be prorated based on the partial amount that You obtain.*

*Your Cost Share for orally administered anti-cancer drugs shall not exceed \$250 for a 30-day supply.*

*If the pharmacy's retail price for a covered Outpatient Prescription Drug Benefit is less than the applicable Copayment, You are not required to pay more than the retail price at the point-of-sale. Your payment will apply to the Deductible, if any, that applies to Outpatient Prescription Drugs and will contribute towards the satisfaction of the Out of Pocket Maximum.*

**Mail Order Service**

Copayments payable for Mail Order service is 2 times the corresponding single Copayment per prescription amount shown above for up to a 100-day supply\*.