

# Questions and Answers About Your KPS Health Plans Pharmacy Coverage

## YOUR RIGHT TO SAFE AND EFFECTIVE PHARMACY SERVICES:

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs and medications are covered under your plan and what coverage limitations are in your contract.

KPS provides pharmacy services to its members through MedImpact. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefits, we encourage you to visit our web site at [www.kpshealthplans.com](http://www.kpshealthplans.com), or you may call Member Services at MedImpact or at KPS. A Member Services Representative will be happy to answer your questions.

MedImpact Customer Service  
1-800-788-2949  
KPS Member Services  
In Bremerton: 360-478-6796  
1-800-552-7114 TTY: 360-478-6849

Q

**Does my plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?**

A

Some drugs, such as experimental drugs, drugs which have not yet been approved by the Food and Drug Administration (FDA), and drugs for the treatment of infertility or obesity, are excluded from coverage. In

addition, certain drugs have applicable age restrictions and/or quantity restrictions. For a complete list of your coverage limitations and exclusions, please refer to your Coverage Contract or Benefits Booklet (as applicable). For an up-to-date drug listing, please visit our web site or call MedImpact Customer Service.

KPS does not use a 'formulary'. Rather, KPS classifies all prescription drugs into three tier categories. Your doctor may prescribe the drug he or she feels is most beneficial for your condition. However, the amount you must pay depends on the type of pharmacy coverage included in your plan. KPS offers three types of pharmacy coverage.

- The first type includes coverage for all three tier categories. The amount of copay you must pay depends on the tier category in which the prescribed drug is listed. You pay the least amount for Tier 1 drugs and the most for Tier 3 drugs. If you have this type of plan, the amount you pay may also be subject to your deductible, may be dependent upon whether you reach the calendar year maximum included in your plan, and, for drugs included in the Tier 2 and Tier 3 categories, may be based upon the coinsurance percentage included in your plan rather than a copay.
- The second type also includes coverage for all three tier categories, but the amount you pay is subject to your deductible for your plan and all coverage is based upon the plan coinsurance percentage for each tier category rather than a copay.
- The third type includes coverage only for Tier 1 drugs (also called "generic drugs"). This coverage is subject to a copay and the calendar year maximum included in your plan. Should your doctor prescribe a drug included in the Tier 2 or Tier 3 categories, you will be responsible for paying the full amount charged for that drug.

To obtain more information regarding your type of coverage, contact either MedImpact Customer Service or KPS Member Services at the numbers above. For all types, if the notation PA appears after the name of the drug, your doctor must call MedImpact Customer Service to obtain authorization before you have your prescription filled. Additionally, for all types, coverage will not apply unless the drugs are "Medically Necessary" for the condition for which they were prescribed and must be prescribed by a provider with prescriptive authority. The term "Medically Necessary" is further described in your plan.

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**Do I have to use certain pharmacies to pay the least out of my pocket under my plan?**

A

Yes. Except in the case of accidental injury or a medical emergency, you must have your prescription filled by a MedImpact network pharmacy. The MedImpact pharmacy network is nationwide. In Washington state there are approximately 1130 MedImpact network pharmacies. You may call MedImpact or visit our web site to get a listing of network pharmacies.

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**Q** **When can my plan change the approved drug list? If a change occurs, will I have to pay more to use a drug I had been using?**

**A** KPS, in conjunction with the MedImpact Pharmacy and Therapeutics Committee, continually reviews and revises its drug list. These changes will affect the amount you must pay for your prescription if the drug you are taking is moved from one tier category to another. For example, if the drug you are taking was originally classified as a Tier 2 drug, but has now been reclassified as a Tier 1 drug, you will pay a lower amount the next time you have your prescription filled.

For an up-to-date listing of drugs in each tier category, please visit our web site or call MedImpact Customer Service.

**Q** **What should I do if I want a change from limitations, exclusions, substitutions or cost increases for drugs specified in my plan?**

**A** Any questions, comments or other concerns you might have regarding the coverage provided under your plan should be directed to KPS Member Services. Most questions can generally be answered to your satisfaction by a Member Services Representative. However, KPS does provide an appeal process if you are not satisfied with the answers you receive.

**Q** **How much do I have to pay to get a prescription filled?**

**A** The amount you pay to get a prescription filled is dependent upon the type of coverage offered in your plan, as discussed above. Drugs listed in the Tier 1 category (also called "generic drugs") generally have the lowest associated cost. Drugs listed in the Tier 2 category (also called "preferred drugs") generally have a slightly higher cost. Drugs listed in the Tier 3 category (also called "non-preferred" drugs) are all other drugs which are not on the KPS drug list. Tier 3 drugs generally have the highest cost.

Because of their lower cost to you, KPS recommends that you ask your doctor to prescribe Tier 1 or Tier 2 drugs rather than Tier 3 drugs. Please refer to your Coverage Contract or Benefits Booklet (as applicable) for the cost associated with each tier category, or ask a KPS Member Services Representative.

Unless your doctor indicates that your prescription should be "dispensed as written" (DAW), your prescription will be filled using a generic-equivalent drug. If you specifically request a brand-name drug, you are responsible for paying the difference between the covered cost of the brand-name drug vs. the generic drug, plus any applicable copay, coinsurance, or other cost, as described in your plan.

**Q** **How many days' supply of most medications can I get without paying another copay or other repeating charge?**

**A** You generally may obtain a 31-day supply of most medications for a single copay or repeating charge. If you are going on an extended vacation, you can ask your pharmacist to give you an additional 31-day supply. However, you must generally also pay an additional copay.

If you are taking maintenance medications, you may get up to a 90-day supply at one time. In most cases, you will be charged two copays for each 90-day supply. For a listing of maintenance medications, please visit our web site or call MedImpact Customer Service. For specific copays applicable to maintenance drugs, please refer to your Coverage Contract or Benefits Booklet (as applicable).

**Q** **What other pharmacy services does my plan cover?**

**A** In addition to prescription drugs, your KPS pharmacy plan also covers diabetic supplies such as glucose test strips, lancets and syringes. You may get one Tier 1 or Tier 2 diabetic glucose meter, free of charge, each year. If your plan includes a calendar year maximum for pharmacy benefits, the maximum will not apply to diabetic medications and supplies. Your plan covers prescription medications for family planning, including diaphragms. Over-the-counter medications or other items are not covered.

If your plan includes coverage for smoking cessation, the drugs and other products prescribed under this coverage are paid as part of your pharmacy benefit.