



Member Guide

Your handbook for a better prescription experience



Welcome to your prescription drug benefit plan

Your plan has chosen Prescriptive Health to provide you with easier access to the medications you need at the affordable prices you deserve.

Use this guide to understand your plan benefits and discover resources and services available to support you and your family.

This information is not intended to modify or replace any terms of your prescription drug benefit plan as recorded in your official plan documents. In the event of any conflict between this document and your official plan documents, the latter shall be controlling.

Your prescription drug benefits

Your prescription drug benefit plan covers most FDA-approved, self-administered, medically necessary prescription drugs, when prescribed for your use outside of a medical facility and dispensed by a licensed pharmacist in a licensed pharmacy. Certain drugs may require prior authorization.

		Suquamish Tribe	
		Indian Health Plan	Indian Health Supplemental Plan
PLAN DETAILS			
Suquamish Tribe's Indian Health Plans are a secondary resource. They will only cover prescription expenses that are not covered by any available alternate resource such as a group health plan, Medicaid or Medicare.			
*The Supplemental Plan only allows dental prescriptions by any in-network dentist through Ameritas. A prescription written by any other type of prescriber (ex: doctor, nurse practitioner) will require review and approval from the Plan.			
PRESCRIPTION DRUGS (IN-NETWORK RETAIL AND MAIL ORDER PHARMACIES)			
Preventative (Tier 0)	Certain generically available medications are covered at \$0 copay as required by the Affordable Care Act. Find out which preventative medications are covered at Prescriptive.com/member .		
Generic (Tier 1)			
Preferred (Tier 2)	30-day: \$0 90-day: \$0	30-day: \$0 90-day: \$0	
Non-preferred (Tier 3)			
Specialty	30-day: \$0	30-day: \$0	
If a generic equivalent product is available, and you choose to use a branded product, you are responsible for covering 100% of the cost of the branded product. The generic equivalent will be available at a \$0 member copay.			
DEDUCTIBLE/OUT-OF-POCKET MAXIMUM			
Member			
Member and Spouse	N/A		N/A
Family			
FORMULARY AND MEDICATION LISTS			
Medication lists for Four Tier Standard Plan, Specialty, Preventative and Healthy Values can be found at Prescriptive.com/member . Excluded drugs can be found in your benefit guide.			
IN-NETWORK RETAIL AND MAIL ORDER PHARMACIES			
Retail Pharmacies: For an up-to-date list of in-network retail pharmacies, go to Prescriptive.com/member Walmart Mail Order: Set up an account by calling (800) 273-3455.			
SPECIALTY PHARMACY			
Amber Specialty Pharmacy: (206) 413-9371 Prior authorization is required for specialty medications.			
MEMBER RESOURCES			
Member Services: (206) 686-9016 or support@prescriptive.com Forms and additional information available at Prescriptive.com/member			

Pharmacy products and services covered by a member's benefit plan may change. Some products and services may not be covered under a specific member's plan design. To ensure coverage, please reference your benefit guide, or contact Prescriptive Member Services at (206) 686-9016.

Specialty Medication

Specialty medications are treated differently because they require special handling and are often associated with more complex dosing or need extra treatment support. Before starting a specialty medication, a Prior Authorization review must be completed. More information on Prior Authorizations and this process can be found in the next section.

Prescriptive has partnered with **Amber Pharmacy** to provide the high level of service required for specialty medications. Amber is licensed to dispense specialty medications in all 50 states and has the expertise to support the unique needs of members requiring specialty medications.

As a Prescriptive member, you have access to dedicated pharmacists and clinical teams ready to provide personalized service to support treatment success. Amber Pharmacy is integrated with Prescriptive's prior authorization review process to help ensure an efficient experience.



Connect with Amber Pharmacy
by calling **(206) 413-9371**.



Prior Authorization

Prior authorization, also referred to as a pre-service review, is sometimes required to determine if coverage for certain medications meets clinical guidelines before a prescription can be filled.

Prescriptive's prior authorization process, as adopted by your plan sponsor, gives members the opportunity to submit medical records in advance to establish medical necessity and to determine their potential financial responsibility before the prescription is dispensed.

Prior authorization approvals are subject to eligibility and benefits at the time of service.

You'll receive written notice of the prior authorization decision. If it is determined that the drug is medically necessary, the prescription will be covered in accordance with your benefit plan. If the prior authorization request is denied, you may consult with your provider for an alternative medication or submit an appeal as described in the next section. You may also elect to pay for the prescription with cash, therefore not using the coverage of this benefit plan.

Drugs on the prior authorization list may be added or deleted from time to time based on factors including FDA-approval status, medical necessity, member safety, and best practices. If you have already paid for a prescription of a drug in this category, you may appeal any denial of benefits for that drug through the appeals process.



If you would like to find out if your drug requires review, you can find a list of medications requiring a review and the forms required to initiate a review at [Prescriptive.com/member](https://www.prescriptive.com/member), or call **Prescriptive Member Services at (206) 686-9016**.

Appeals

You have the right to appeal or request an independent review of any action we take or decision we make about your coverage, benefits, or services. Appropriate clinicians who were not involved in the earlier decision will review the appeal.

You can appeal a decision in writing by using the Appeal Request form found at [Prescriptive.com/member](https://www.prescriptive.com/member). Be sure to include any other information you want considered in the appeal. You can also appeal through a verbal request. Call Prescriptive Member Services at (206) 686-9016.

We'll let you know when we make a decision about medications covered or not covered under the terms of your prescription drug benefit plan. We'll send you a letter approving or denying a pre-authorization request.

Drug Utilization Management

Your prescription drug benefit plan has guidelines for how certain medications are dispensed.

The guideline requirements include one or more of the following:

- Some medications will be limited to a set number of days' supply
- A generic drug or a specified brand name drug must be tried before certain medications
- A specific drug or drug dose must be appropriate for a normal course of treatment
- A specific diagnosis is required for some medications

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 prescription drugs are covered under the terms of your prescription drug benefit plan, including any limitations on covered prescription drugs.



We're here to help

We know how challenging it can be to manage your health: high costs, lack of time, a broken healthcare system — it all adds up. Even with insurance, the cost of prescriptions is too high for too many.

It's time to rewrite this script. Prescriptive has created an easy way to make that happen. And thanks to your plan sponsor, it's all right here in your pharmacy benefits plan.

Member Services

24 hours a day, every day
Multilingual support available
(206) 686-9016
support@prescriptive.com

Home Delivery Pharmacy

Walmart Mail Order
1 (800) 273-3455

Specialty Pharmacy

Amber Pharmacy
(206) 413-9371

Frequently Asked Questions

[Prescriptive.com/member](https://www.prescriptive.com/member)

We are committed to protecting privacy. Our privacy policy is available at [Prescriptive.com/privacy-policy](https://www.prescriptive.com/privacy-policy).



prescriptive®

REWRITING THE SCRIPT