





Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
	Non-preferred generic drugs Non-preferred brand drugs Non-preferred <u>specialty drugs</u>	Non-pref generic: 30% <u>coinsurance</u> Non-pref. brand: 30% <u>coinsurance</u> Non-pref. specialty: 30% <u>coinsurance</u>	Non-pref generic: 30% <u>coinsurance</u> (retail), not covered (mail) Non-pref. brand: 30% <u>coinsurance</u> (retail), not covered (mail) Non-pref. specialty: Not covered	Non-pref generic and brand: Covers up to a 30 day supply (retail), covers up to a 90 day supply (mail). Retail pharmacies: one <u>copay</u> for each 30 day supply. <u>Prior authorization</u> is recommended for certain drugs. Non-pref specialty: Covers up to a 30 day supply. Only covered at specific contracted specialty pharmacies. <u>Prior authorization</u> is recommended for certain drugs. SaveOnSP affects your <u>cost sharing</u> for certain drugs. See <a href="http://www.premiera.com/s-2">www.premiera.com/s-2</a> (in nBT65.29 reW†



Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

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## Discrimination is Against the Law

Demosa Plus Cross-Plus Shield of Alaska (Demosa) complies with applicable Federal civil rights laws and does not discriminate on the

