

# Your summary of benefits



Anthem Blue Cross

Your Plan: Modified Essential Formulary \$5/\$20/\$40/\$65/30% with Choice Rx

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.*

| Covered Prescription Drug Benefits  | Cost if you use an In-Network Provider   | Cost if you use a Non-Network Provider  |
|---|--|---|
| <b>Pharmacy Deductible</b>  | \$0  | \$0   |
| <b>Pharmacy Out of Pocket</b>   | Combined with medical out of pocket  | Combined with medical out of pocket   |
| <b>Prescription Drug Coverage</b><br><i>This plan uses an Essential formulary List. Drugs not on the list are not covered.</i>  |  |   |
| <b>Tier1 - Typically Generic</b><br><i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). This plan uses an Essential Formulary drug list. You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days.</i> | Tier1a - Typically Lower Cost Generic \$5 copay per prescription (retail only) and \$12.50 copay per prescription (home delivery only)<br><br>Tier1b - Typically Generic \$20 copay per prescription (retail only) and \$50 copay per prescription (home delivery only). | Tier 1a 50% coinsurance up to \$250 per prescription (retail only)<br><br>Tier 1b 50% coinsurance up to \$250 per prescription (retail only). |

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| Covered Prescription Drug Benefits  | Cost if you use an In-Network Provider   | Cost if you use a Non-Network Provider                                      |
|---|--|---|
| <p><b>Tier2 - Typically Preferred / Brand</b><br/> <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i></p>   | <p>Tier 2 - Typically Preferred Brand &amp; non-preferred generic drugs \$40 copay per prescription (retail only) and \$120 copay per prescription (home delivery only).</p> | <p>Tier 2 - 50% coinsurance up to \$250 per prescription (retail only).</p> |
| <p><b>Tier3 - Typically Non-Preferred / Specialty Drugs</b><br/> <i>Certain drugs require preauthorization approval to obtain coverage. Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i></p>   | <p>Tier 3 - Typically Non-Preferred Brand and generic drugs \$65 copay per prescription (retail only) and \$195 copay per prescription (home delivery only).</p>             | <p>Tier 3 -50% coinsurance up to \$250 per prescription (retail only).</p>  |
| <p><b>Tier4 - Typically Specialty Drugs</b><br/> <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. Covers up to a 30 day supply (retail pharmacy and home delivery program).</i></p>   | <p>Tier 4 - Typically Specialty (brand and generic) 30% coinsurance up to \$250 per prescription (retail and home delivery).</p>   | <p>Tier 4 - 50% coinsurance up to \$250 per prescription (retail only).</p> |
| <p><b>Rx Choice Tiered Network</b><br/>           The Rx Choice Tiered Network includes pharmacies that give you more choices and flexibility when you fill prescriptions. It's also convenient – you'll find many popular grocery chains, stores and independent drugstores in the network. You can keep using the pharmacy you've been using, but you'll <b>pay more</b> for your prescription drugs unless you transfer your prescription(s) as soon as possible to another participating pharmacy.<br/>           You can choose a pharmacy from two levels. <b>Level 1</b> has up to 25,000 pharmacies and offers you a lower copay or coinsurance (the part you pay for your drugs) than pharmacies in <b>Level 2</b>. Filling prescriptions at a <b>Level 1</b> pharmacy will help you lower your out-of-pocket costs.</p> | <p>Level 1: Applicable retail copays apply<br/>           Level 2: Applicable retail copays apply plus an additional \$10</p>  |   |

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## Notes:

- When using non-network pharmacy; members are responsible for 50% of the prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.
- Supply limits for certain drugs may be different, go to Anthem website or call customer service.
- Certain drugs require pre-authorization approval to obtain coverage.