

Your Summary of Benefits Prescription Drug Plan



Producers' Health Benefits Plan- Custom Essential Formulary \$20/\$40/\$60/30% \$500 Deductible (Tier 4 only) with Rx Choice

PLEASE NOTE: *This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form ("EOC")/Certificate of Insurance ("Certificate") which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your ID card. The amount you pay for a covered prescription - your copay - will be determined by which formulary tier the drug falls into (*a description of the drug tiers is listed below*).

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication. You may have to pay an additional charge that represents the cost difference between the brand-name medication and the generic equivalent.

The formulary is a list of recommended brand and generic medications. Drugs on the formulary are grouped by 'tiers.' A number of factors are considered when classifying drugs into tiers, including, but not limited to: the absolute cost of the drug; the cost of the drug relative to other drugs in the same therapeutic class; the availability of over-the-counter alternatives; and other clinical and cost-effectiveness factors.

Tier 1 - Lowest copayment - Drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Tier 2 - Medium copayment - Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are "preferred" within their therapeutic classes, based on clinical effectiveness and value.

Tier 3 - Highest copayment - These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Tier 4 - Tier 4 drugs are those that have the higher cost share than tier 3 drugs. This tier includes non-preferred drugs that may be generic, single source brand name drugs, multi-source brand, or specialty drugs.

Copies of our tiered drug formulary list are furnished to your providers. They are updated quarterly and are available online at www.anthem.com/ca, click on Customer Care, Download Forms and then choose Anthem Blue Cross Drug List (tiered). You or your provider may also contact our Pharmacy Customer Service at 800-700-2541.

You may also sign up online to get important updates by email. To get updates from us by email, follow these steps: - Log in to www.anthem.com/ca - Choose the Profile Link in your Welcome section on the right side of the page - Enter your email address in your profile information - Check the box below your email address to receive information from us.

Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at www.anthem.com/ca.

Using a Participating Pharmacy

You can control the cost of your prescription drugs by using our network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs may increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement to us.

Members that submit claims from non-participating pharmacies are reimbursed based on the lesser of the billed charge or on a prescription drug maximum allowed amount. The prescription drug maximum allowed amount may be considerably less than you paid for your medication. You are responsible for paying any difference in cost between the prescription drug maximum allowed amount and what you paid for your medication.

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at www.anthem.com/ca.

Home Delivery Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. To fill a prescription through the mail, simply complete the Home Delivery form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at www.anthem.com/ca.

Please note that not all medications are available through the Home Delivery Program. Certain specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for specified specialty pharmacy drugs are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (*see EOC/Certificate for details*). The specialty pharmacy program will deliver your medication to you by mail or common carrier (*you cannot pick up your medication*). You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs that must be obtained through the specialty pharmacy program are limited to a 30-day supply for each fill.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for each Prescription or Refill
Calendar Year Deductible (for Tier 4 only)	\$500/member; maximum of two separate deductibles/family
Prescription Drug Coverage <i>This plan uses an Essential Formulary List. Drugs not on the list are not covered.</i>	
Retail Participating Pharmacy <ul style="list-style-type: none"> • Preventive immunizations administered by a retail pharmacy • Female oral contraceptives generic and single source brand • Tier 1 drugs (<i>includes diabetic supplies</i>) • Tier 2 drugs • Tier 3 drugs (<i>includes compound drugs</i>) • Tier 4 drugs † 	No copay (<i>deductible waived</i>) No copay (<i>deductible waived</i>) \$20 (<i>deductible waived</i>) \$40 (<i>deductible waived</i>) \$60 (<i>deductible waived</i>) 30% of prescription drug maximum allowed amount (<i>maximum \$150 copay per fill</i>)
Home Delivery Program <ul style="list-style-type: none"> • Female oral contraceptives generic and single source brand • Tier 1 drugs (<i>includes diabetic supplies</i>) • Tier 2 drugs • Tier 3 drugs ^f • Tier 4 drugs † 	No copay (<i>deductible waived</i>) \$20 (<i>deductible waived</i>) \$80 (<i>deductible waived</i>) \$100 (<i>deductible waived</i>) 30% of prescription drug maximum allowed amount (<i>maximum \$300 copay for a 90 day supply</i>)
Rx Choice Tiered Network 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 pay more for your prescription drugs unless you transfer your prescription(s) as soon as possible to another participating pharmacy. You can choose a pharmacy from two levels. Level 1 has up to 25,000 pharmacies and offers you a lower copay or coinsurance (the part you pay for your drugs) than pharmacies in Level 2 . Filling prescriptions at a Level 1 pharmacy will help you lower your out-of-pocket costs.	Level 1: Applicable retail copays apply Level 2: Applicable retail copays apply plus an additional \$10 for Tiers 1, 2, and 3. There is no extra charge for Tier 4 drugs using Level 2 pharmacies.
Specialty Pharmacy Program Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply. Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at anthem.com/ca . From our home page: Click on Customer Care ; Then select " I need to: Choose: Download Forms "; In the pharmacy library section, click on " Specialty Drug List ."	Applicable copay applies

Covered Services (outpatient prescriptions only)	Per Member Cost Share for each Prescription or Refill
<p>Non-participating Pharmacies (<i>compound drugs & certain specialty pharmacy drugs not covered</i>)</p> <p>Supply Limits[§]</p> <ul style="list-style-type: none"> • Retail Pharmacy (<i>participating and non-participating</i>) • Home Delivery • Specialty Pharmacy 	<p>Member pays 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount up to \$250 per prescription</p> <p>30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies);</p> <p>90-day supply</p> <p>30-day supply</p>

The Prescription Drug Benefit covers the following:

- All eligible immunizations administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin) prescribed by a physician.
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member.
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for tier 2 or tier 3 copay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.

- † Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.
- § Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information
- f*** Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

Prescription Drug Exclusions & Limitations

- Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications.
- Drugs & medications used to induce spontaneous & non-spontaneous abortions.
- Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices.
- Professional charges in connection with administering, injecting or dispensing drugs.
- Drugs & medications, even if written as a *prescription*, that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.
- Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility.
- Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC/Certificate.
- Services or supplies for which the member is not charged.
- Oxygen.
- Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the EOC/Certificate.
- Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs.
- Drugs or medications prescribed for experimental indications.
- Any expense for a drug or medication incurred in excess of the prescription drug maximum allowed amount.
- Drugs which have not been approved for general use by the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.
- Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products. This does not apply to medically necessary drugs that the member can only get with a prescription under federal law.
- Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.
- Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants).
- Drugs obtained outside the U.S, unless they are furnished in connection with urgent care or an emergency.
- Allergy desensitization products or allergy serum.
- Infusion drugs, except drugs that are self-administered subcutaneously.
- Herbal supplements, nutritional and dietary supplements, except as described in this *plan* or that we must cover by law. This exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written *prescription* or from a licensed pharmacist. Formulas and special foods for the treatment of phenylketonuria (PKU).
- Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.
- Onychomycosis (toenail fungus) drugs except to treat members who are immuno-compromised or diabetic.
- Prescription drugs that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material, thus treating a disease or abnormal medical condition.
- All compound *prescription drugs* when a commercially available dosage form of a *medically necessary* medication is

not available, all the ingredients of the *compound drug* are FDA approved in the form in which they are used in the *compound medication and as designated in the FDA's Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense and are not essentially the same as an FDA approved product from a *drug* manufacturer. Non-FDA approved non-proprietary, multisource ingredients that are vehicles essential for compound administration may be covered. Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.

- Prescription drugs that are considered multi-source brand drugs. This exclusion only applies to the Essential Drug Formulary plans.
- Off label prescription drugs
- Charges for services not described in your medical records.
- Certain prescription drugs may not be covered if you could use a clinically equivalent drug, unless required by law. "Clinically equivalent" means drugs that for most members, will give you similar results for a disease or condition. If you have questions about whether a certain drug is covered and which drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at www.anthem.com. If you or your physician believes you need to use a different prescription drug, please have your physician or pharmacist get in touch with us. We will cover the other prescription drug only if we agree that it is medically necessary and appropriate over the clinically equivalent drug. We will review benefits for the prescription drug from time to time to make sure the drug is still medically necessary. This exclusion only applies to the Traditional Drug Formulary plans.
- Drugs which are over any quantity or age limits set by the plan or us.
- Prescription drugs prescribed by a provider that does not have the necessary qualifications, registrations and/or certifications.
- Drugs prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law or self.
- Hyperhidrosis Treatment. Prescription Drugs related to the medical and surgical treatment of excessive sweating (hyperhidrosis).
- Clinical Trial Non-Covered Services. Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
- Growth Hormone Treatment. Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
- Services we conclude are not medically necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
- Third Party Liability Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

Please refer to the Certificate or EOC for details and complete list of exclusions and limitations. Exclusion does not apply to the medically necessary treatment as specifically stated as covered in the EOC/Certificate.