Effective: January 1, 2018

Your Plan: UC Health Savings Plan Prescription Drug Coverage

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 Summary Plan Description (SPD). If there is a difference between this summary and the SPD, the SPD will prevail.

COVERED PRESCRIPTION DRUG BENEFITS	**MEMBER COPAYMENT**	
	Cost if you use an In-Network Pharmacy	**Cost if you use a Non-Network Pharmacy**
Calendar Year Drug Deductible *(The family deductible is non-embedded meaning the cost shares of all family members apply to one shared family deductible. The individual deductible only applies to individuals enrolled under single coverage.)*	**$1,350 Individual / $2,700 Family** *(Combined with medical deductible)*	**$2,550 Individual / $5,100 Family** *(Combined with medical deductible)*
Calendar Year Out-of-Pocket Maximum *(The family out-of-pocket maximum is non-embedded meaning the cost shares of all family members apply to one shared family out-of-pocket maximum. The individual out-of-pocket maximum only applies to individuals enrolled under single coverage. The deductible is included in the out-of-pocket maximum for the plan.)*	**$4,000 Individual / $6,400 Family** *(Combined with medical out of pocket)*	**$8,000 Individual / $16,000 Family** *(Combined with medical out of pocket)*
Prescription Drug Coverage *This plan uses the National 4-Tier Drug List. Drugs not on the list are not covered. Please refer to the drug list at www.anthem.com/ca/pharmacyinformation to determine which Tier(s) apply to your prescription(s).*	**Cost if you use an In-Network Pharmacy**	**Cost if you use a Non-Network Pharmacy**
Retail Pharmacy Prescriptions (up to a 30-day supply)		
• Contraceptive Drugs and Devices *(Up to a 12 month supply of contraceptive drugs when dispensed or furnished at one time.)*	$0 copay	$0 copay
• Preferred Generic Drugs	20%	40%
• Preferred Brand Name Drugs	20%	40%
• Non- Preferred Brand Name Drugs	20%	40%
UC Pharmacies, Specified Pharmacies and Home Delivery Program (up to a 90-day supply)		
• Contraceptive Drugs and Devices *(Up to a 12 month supply of contraceptive drugs when dispensed or furnished at one time.)*	$0 copay	$0 copay
• Preferred Generic Drugs	20%	N/A
• Preferred Brand Name Drugs	20%	N/A
• Non- Preferred Brand Name Drugs	20%	N/A
Specialty Pharmacy and Select UC Pharmacies (up to a 30-day supply) *(Classified specialty drugs must be obtained through our Specialty Pharmacy Program or select UC Pharmacies and are subject to the terms of the program. Covers up to a 30 day supply.* *There is a $200 maximum per prescription for Oral Anti-Cancer medications*	20%	N/A

Anthem BlueCross

Retail90 Pharmacy Prescriptions (up to a 90-day supply)		
• Contraceptive Drugs and Devices *(Up to a 12 month supply of contraceptive drugs when dispensed or furnished at one time.)*	$0 copay	N/A
• Preferred Generic Drugs	20%	N/A
• Preferred Brand Name Drugs	20%	N/A
• Non- Preferred Brand Name Drugs	20%	N/A
Smoking Cessation Products *Over-the Counter Drugs with prescription and Prescription Drugs*	$0 copay	Not covered
Diabetic Supplies *(excluding syringes, needles, insulin, and non-formulary test strips)*	$0 copay	40%
Travel Immunizations • CA Preventive: Hepatitis A, Hepatitis B, Meningitis, Polio • Other Travel: Japanese Encephalitis, Rabies, Typhoid and Yellow Fever	$0 copay 20%	40% 40%

Notes:

- When using non-network pharmacy; members are responsible for 40% 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.
- Preferred Generic Program: If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed. The difference in cost between the generic drug and the brand name drug will not apply to the calendar year deductible or out-of-pocket maximum.
- Supply limits for certain drugs may be different, go to Anthem website or call Anthem Health Guide for information.
- Certain drugs require pre-authorization approval to obtain coverage.
- In Network pharmacy deductibles apply towards the Non Network pharmacy deductible. However, Non Network deductibles do not apply towards the In Network deductible. Pharmacy deductibles count towards the annual out-of-pocket maximums.
- The Retail90 network includes major chains like Costco, Safeway/Vons, Walgreens, CVS, Rite Aid, and Wal-Mart.
- Specialty drugs are specific drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers and other conditions that are difficult to treat with traditional therapies. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscular), by inhalation, orally or topically. Specialty Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration and be obtained from Accredo or select UC Pharmacies and may require prior authorization for Medical Necessity. Infused or Intravenous (IV) medications are not included as Specialty Drugs.
- Specialty Drugs are covered only when dispensed through Accredo and certain UC pharmacies unless Medically Necessary for a covered emergency.
- Specialty Drugs are limited to a quantity not to exceed a 30-day supply; however initial prescriptions for select specialty medications may be limited to a quantity not to exceed a 15-day supply through Accredo. In such circumstances the applicable specialty drug will be pro-rated based upon the number of day supply.
- Syringes, needles and insulin are covered at the applicable brand-name coinsurance and non-formulary test strips are covered at the applicable non-formulary coinsurance.