

**Your 2019 Prescription Drug Benefits Chart
for
UC Medicare PPO
Effective January 1, 2019**

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

Formulary	Enhanced
Deductible	None
Covered Services	What you pay
Part D Initial Coverage	

Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$5,100.

Retail Pharmacy	per 30-day supply
• Select Generics	\$0 copay
• Generics	\$10 copay
• Preferred Brands	\$30 copay
• Non-Preferred Brands	\$45 copay
• Specialty Drugs (Generic and Brand)	\$30 copay
• Diabetic Supplies – Alcohol Swabs and Gauze	\$10 copay
• Diabetic Supplies – Insulin Syringes	\$30 copay
• Part D Preventive Vaccines	\$0 copay

Typically retail pharmacies dispense a 30-day supply of medication. Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays. If you purchase more than a 30-day supply at one of the UC Medical Center retail pharmacies or Costco, CVS, Vons/Safeway or Walgreens, you only pay the mail-order copay shown below.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply
<ul style="list-style-type: none"> Select Generics 	\$0 copay
<ul style="list-style-type: none"> Generics 	\$20 copay
<ul style="list-style-type: none"> Preferred Brands 	\$60 copay
<ul style="list-style-type: none"> Non-Preferred Brands 	\$90 copay
<ul style="list-style-type: none"> Specialty Drugs (Generic and Brand) 	\$60 copay
<ul style="list-style-type: none"> Diabetic Supplies – Alcohol Swabs and Gauze 	\$20 copay
<ul style="list-style-type: none"> Diabetic Supplies – Insulin Syringes 	\$60 copay
Part D Catastrophic Coverage	
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$5,100.	
<ul style="list-style-type: none"> Select Generics 	\$0 copay
<ul style="list-style-type: none"> Generic Drugs 	\$0 copay
<ul style="list-style-type: none"> Brand-Name Drugs 	\$0 copay

- Smoking Cessation Drugs:** Your plan includes coverage for smoking cessation drugs prescribed by a physician. See Formulary for a complete list of drugs covered.
- Transgender Changes or Gender Identity Disorder Drugs:** You pay the applicable drug tier copay under retail or mail order. See Formulary for a complete list of drugs covered.
- Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Your UC drug plan provides coverage for both Part B and Part D vaccines at no cost when purchased at a network pharmacy. You also have coverage for vaccines administered at a physician's office, however the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your UC drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines covered by Part D. A list of Part D covered vaccines are included in your formulary. Part B covered vaccines are listed in the benefits chart.

- **Coverage for Out of Country Drugs:** Outpatient prescription drugs are not covered by Medicare Part D plans when they are filled by pharmacies outside of the United States. Your plan provides coverage for outpatient prescription drugs when all of the following apply:
 - You are outside the 50 United States, District of Columbia, and all U.S. Territories for less than six months,
 - You remain a permanent resident of the United States while you are out of country,
 - The drug is approved by the Food and Drug Administration (FDA), and
 - The drug would be a covered drug by your plan if the drug was filled by a pharmacy located within the United States.

When you receive coverage for outpatient prescription drugs filled at a pharmacy outside the United States, you will need to pay the full cost of the drug and request that we reimburse you for our share. Your share of a covered outpatient drug will be your coinsurance or copayment amount. Please see “How to ask us to pay you back” for detailed instructions.

This information is not a complete description of benefits. Call Member Services for more information.

Anthem Blue Cross Life and Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal. Anthem Blue Cross Life and Health Insurance Company (Anthem) has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the Medicare Prescription Drug Plans (PDPs) noted above or herein. Anthem is the state-licensed, risk-bearing entity offering these plans. Anthem has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region. Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.