



**Your 2020 Prescription Drug Benefits Chart
for
UC Medicare PPO**

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 \$6,350.

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
• Select Generics	\$0 copay
• Generics	\$20 copay
• Preferred Brands	\$60 copay
• Non-Preferred Brands	\$90 copay
• Specialty Drugs (Generic and Brand)	\$60 copay
• Diabetic Supplies – Alcohol Swabs and Gauze	\$20 copay
• 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 \$6,350.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply
• Select Generics	\$0 copay
• Generic Drugs	\$0 copay
• 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.

Your 2020 Extra Covered Drugs Benefits Chart

Covered Services	What you pay
Extra Covered Drugs	
These are drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your retiree drug plan by state regulations. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
Cough and Cold Vitamins and Minerals Erectile Dysfunction (ED)	See Drug List for complete list of drugs covered
• Generics	You pay your Retail or Mail-Order copay
• Preferred Brands	You pay your Retail or Mail-Order copay
• Non-Preferred Brands	You pay your Retail or Mail-Order copay
Part B Diabetic Supplies	Lancets, Blood Sugar Diagnostics and Calibration Solutions
• Prescription - Retail Pharmacy	\$0 copay
• Prescription - Mail-Order Pharmacy	\$0 copay
Part B Diabetic Supplies	Glucometers Copay or coinsurance per Covered Device
• Prescription	\$0 copay
Part B Preventive Vaccines	Influenza, Pneumonia and Hepatitis B
• Per Injection	\$0 copay
Contraceptive Devices	Limit 1 per year; Copay or coinsurance per Covered Device
• Prescription	\$0 copay

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