

Your summary of benefits

Anthem Blue Cross

Effective: January 1, 2020

Your Plan: CORE 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 CORE Benefit Booklet. If there is a difference between this summary and the CORE Benefit Booklet, the CORE Benefit Booklet will prevail.

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible <i>Combined with medical deductible</i>	\$3,000 Individual	
Pharmacy Out of Pocket <i>Combined with medical out of pocket. The deductible is included in the out-of-pocket maximum.</i>	\$6,350 Individual / \$12,700 Family	
Prescription Drug Coverage <i>This plan uses the Essential 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).</i>		
Retail Pharmacies – up to a 30 day supply		
Tier 1 – Typically Generic	20% coinsurance per prescription	20% coinsurance per prescription
Tier 2 – Typically Preferred/Brand	20% coinsurance per prescription	20% coinsurance per prescription
Tier 3 – Typically Non-Preferred / Some Specialty Drugs	20% coinsurance per prescription	20% coinsurance per prescription
Home Delivery Pharmacy, UC Pharmacies, Retail90 Pharmacies – up to a 90 day supply		
Tier 1 – Typically Generic	20% coinsurance per prescription	Not covered
Tier 2 – Typically Preferred/Brand	20% coinsurance per prescription	Not covered

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 3 – Typically Non-Preferred / Some Specialty Drugs	20% coinsurance per prescription	Not covered
IngenioRx Specialty Pharmacy and Select UC Pharmacies – up to a 30 day supply		
Tier 4 – Typically Specialty Drugs <i>\$200 maximum per prescription for Oral Anti-Cancer medications</i>	20% coinsurance per prescription	Not covered
Contraceptive Drugs and Devices <i>Up to a 12 month supply of contraceptive drugs when dispensed or furnished at one time.</i>	\$0 copay per prescription (deductible waived)	Not covered
Smoking Cessation Products <i>Over-the Counter Drugs with prescription and Prescription Drugs</i>	\$0 copay per prescription (deductible waived)	Not covered
Diabetic Supplies <i>Including lancets, alcohol swabs, and formulary test strips. (Syringes, needles, insulin, and non-formulary test strips, if approved, are covered at the applicable coinsurance)</i>	\$0 copay per prescription (after deductible)	20% coinsurance
Travel Immunizations		
<ul style="list-style-type: none"> ACA Preventive: Hepatitis A, Hepatitis B, Meningitis, Polio 	\$0 copay per prescription (deductible waived)	20% coinsurance
<ul style="list-style-type: none"> Other Travel: Japanese Encephalitis, Rabies, Typhoid and Yellow Fever 	20% coinsurance	20% coinsurance

Your summary of benefits

Notes:

- When using non-network pharmacy; members are responsible for 20% 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 for information.
- Certain drugs require pre-authorization approval to obtain coverage.
- There are not separate In Network and Non Network pharmacy deductibles. Pharmacy deductibles are included in the annual out-of-pocket maximums.
- The Retail90 network includes major retail 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 IngenioRx 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 IngenioRx 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 IngenioRx. In such circumstances the applicable specialty drug will be pro-rated based upon the number of day supply.