

# Your summary of benefits



Anthem Blue Cross

Effective: January 1, 2020

Your Plan: UC Care 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	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	None	None
<b>Pharmacy Out of Pocket</b> <i>Combined with medical out of pocket</i>	\$5,100 Individual / \$8,700 Family	\$8,600 Individual / \$19,200 Family
<b>Prescription Drug Coverage</b> <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 <a href="http://www.anthem.com/ca/pharmacyinformation">www.anthem.com/ca/pharmacyinformation</a> to determine which Tier(s) apply to your prescription(s).</i>		
<b>Retail Pharmacies – up to a 30-day supply</b>		
<b>Tier 1 – Typically Generic</b>	\$5 copay per prescription	50% coinsurance per prescription
<b>Tier 2 – Typically Preferred/Brand</b>	\$25 copay per prescription	50% coinsurance per prescription
<b>Tier 3 – Typically Non-Preferred / Some Specialty Drugs</b>	\$40 copay per prescription	50% coinsurance per prescription
<b>UC Pharmacies and Specified Pharmacies* – 31 to 90 day supply</b> When you get a 90-day supply, two (2) retail pharmacy copayments per prescription order will apply		
<b>Tier 1 – Typically Generic</b>	\$10 copay per prescription	Not covered
<b>Tier 2 – Typically Preferred/Brand</b>	\$50 copay per prescription	Not covered
<b>Tier 3 – Typically Non-Preferred / Some Specialty Drugs</b>	\$80 copay per prescription	Not covered

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<b>Home Delivery Pharmacy</b> – up to 90 day supply When you get a 90-day supply, two (2) retail pharmacy copayments per prescription order will apply.		
<b>Tier 1 – Typically Generic</b>	\$10 copay per prescription	Not covered
<b>Tier 2 – Typically Preferred/Brand</b>	\$50 copay per prescription	Not covered
<b>Tier 3 – Typically Non-Preferred / Some Specialty Drugs</b>	\$80 copay per prescription	Not covered
<b>Retail90 Pharmacies</b> – 31 to 90 day supply When you get a 90-day supply, three (3) retail pharmacy copayments per prescription order will apply.		
<b>Tier 1 – Typically Generic</b>	\$15 copay per prescription	Not covered
<b>Tier 2 – Typically Preferred/Brand</b>	\$75 copay per prescription	Not covered
<b>Tier 3 – Typically Non-Preferred / Some Specialty Drugs</b>	\$120 copay per prescription	Not covered
<b>IngenioRx Specialty Pharmacy and Select UC Pharmacies</b> – up to 30 days <sup>#</sup>		
<b>Tier 4 – Typically Specialty Drugs</b>	30% coinsurance to a maximum of \$150 per prescription	Not covered
<b>Contraceptive Drugs and Devices</b> <i>Up to a 12 month supply of contraceptive drugs when dispensed or furnished at one time.</i>	\$0 copay per prescription	\$0 copay per prescription (retail only)
<b>Smoking Cessation Products</b> <i>Over-the Counter Drugs with prescription and Prescription Drugs</i>	\$0 copay per prescription	Not covered
<b>Diabetic Supplies</b> <i>Including lancets, alcohols swabs, and formulary test strips.            (Syringes, needles, insulin, and non-formulary test strips, if approved, are covered at the applicable copay or coinsurance.)</i>	\$0 copay per prescription	50% coinsurance (retail only)

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Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Travel Immunizations</b> <i>Hepatitis A, Hepatitis B, Meningitis, Polio, Japanese Encephalitis, Rabies, Typhoid and Yellow Fever</i>	\$0 copay per prescription	50% coinsurance

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## Notes:

- When using non-network pharmacy; members are responsible for 50% 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.
- \*Specified Pharmacies are Costco, Safeway/Vons, Walgreens, and CVS
- Through Retail90, you can choose to get a 90-day supply of medication from a participating local retail pharmacy for three (3) copays. The Retail90 network includes major retail chains like 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.