

PPO Plans

Outpatient Prescription Drug Coverage (For groups of 51 and above)

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH PPO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlight: 3-Tier/Incentive Formulary
 \$150 Calendar-Year Brand-Name Drug Deductible
 \$15 Formulary Generic/\$30 Formulary Brand Name/\$45 Non-Formulary Brand Name Drug - Retail Pharmacy
 \$30 Formulary Generic/\$60 Formulary Brand Name/\$90 Non-Formulary Brand-Name Drug - Mail Service

Covered Services

Member Copayment

DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)

Calendar Year Brand Name Drug Deductible applies to covered brand-name and specialty drugs. \$150 per member per calendar year

PRESCRIPTION DRUG COVERAGE¹

Participating Pharmacy

Non-Participating Pharmacy

Member pays 25% of billed amount plus a copayment of:

Retail Prescriptions (up to a 30-day supply)

	Participating Pharmacy	Non-Participating Pharmacy
• Contraceptive Drugs and Devices ²	\$0 per prescription	Not Covered
• Formulary Generic Drugs	\$15 per prescription	\$15 per prescription
• Formulary Brand Name Drugs ^{3, 4}	\$30 per prescription	\$30 per prescription
• Non-Formulary Brand Name Drugs ^{3, 4}	\$45 per prescription	\$45 per prescription

Mail Service Prescriptions (up to a 90-day supply)

	Participating Pharmacy	Non-Participating Pharmacy
• Contraceptive Drugs and Devices ²	\$0 per prescription	Not Covered
• Formulary Generic Drugs	\$30 per prescription	Not Covered
• Formulary Brand Name Drugs ^{3, 4}	\$60 per prescription	Not Covered
• Non-Formulary Brand Name Drugs ^{3, 4}	\$90 per prescription	Not Covered

Specialty Pharmacies (up to a 30-day supply)⁵

	Participating Pharmacy	Non-Participating Pharmacy
• Specialty Drugs ⁶	30% (Up to \$200 copayment maximum per prescription)	Not Covered

¹ Amounts paid through copayments and any applicable brand-name drug deductible accrue to the member's medical calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

² Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar-year brand-name drug deductible. If a brand-name contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

³ Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

⁴ If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

⁵ 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 are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), 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 by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield. Infused or Intravenous (IV) medications are not included as Specialty Drugs.

⁶ Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

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