

# Your summary of benefits

Anthem Blue Cross

Your Plan: Essential Formulary \$5/\$20/\$40/\$75/30% \$250 Rx Deductible

*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 Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), 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>	\$250 single / \$750 family	\$250 single / \$750 family
<b>Pharmacy Out of Pocket</b>	Combined with medical out of pocket	Combined with medical out of pocket
<b>Prescription Drug Coverage</b> <i>This plan uses an Essential formulary List. Drugs not on the list are not covered.</i>		
<b>Tier1 - Typically Generic</b> <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Prescription Drug deductible does not apply. This plan uses an Essential Formulary drug list. You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Member pays the retail pharmacy copay plus 50% for out of network.</i>	Tier1a - Typically Lower Cost Generic \$5 copay per prescription (retail only) and \$12.50 copay per prescription (home delivery only) Tier1b - Typically Generic \$20 copay per prescription (retail only) and \$50 copay per prescription (home delivery only).	Tier 1a 50% coinsurance up to \$250 per prescription (retail only) Tier 1b 50% coinsurance up to \$250 per prescription (retail only).
<b>Tier2 - Typically Preferred / Brand</b> <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Member pays the retail pharmacy copay plus 50% for</i>	Tier 2 - Typically Preferred Brand & non-preferred	Tier 2 - 50% coinsurance up to \$250 per

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<i>out of network.</i>	generic drugs \$40 copay per prescription (retail only) and \$120 copay per prescription (home delivery only).	prescription (retail only).
<p><b>Tier3 - Typically Non-Preferred / Specialty Drugs</b>  <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i></p>	Tier 3 - Typically Non-Preferred Brand and generic drugs \$75 copay per prescription (retail only) and \$225 copay per prescription (home delivery only).	Tier 3 - 50% coinsurance up to \$250 per prescription (retail only).
<p><b>Tier4 - Typically Specialty Drugs</b>  <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. Covers up to a 30 day supply (retail pharmacy and home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i></p>	Tier 4 - Typically Specialty (brand and generic) 30% coinsurance up to \$250 per prescription (retail and home delivery).	Tier 4 - 50% coinsurance up to \$250 per prescription (retail only).

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## Notes:

- When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining 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.
- Certain drugs require pre-authorization approval to obtain coverage.
- In Network and Non Network pharmacy deductibles are combined. Satisfying one helps satisfy the other. Pharmacy deductibles are included in the annual out-of-pocket maximums.