

Your summary of benefits

Anthem Blue Cross

Your Plan: Custom \$10/\$20/\$35/\$35

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
Pharmacy Deductible	\$0	\$0
Pharmacy Out of Pocket	Combined with medical out of pocket	Combined with medical out of pocket
Prescription Drug Coverage <i>This plan uses a National Drug List. Drugs not on the list are not covered. You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days.</i>		
Preventive Pharmacy Preventive Immunization	\$0 copay (retail only)	50% coinsurance up to \$250 per prescription (retail only)
Female oral contraceptive <i>Generic and Single Source brand</i>	\$0 copay (retail only)	50% coinsurance up to \$250 per prescription (retail only)
Tier1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	\$10 copay per prescription (retail only) and \$20 copay per prescription (home delivery only)	50% coinsurance up to \$250 per prescription (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
<p>Tier2 - Typically Preferred / Brand <i>Covers up to a 30 day supply (retail pharmacy).</i> <i>Covers up to a 90 day supply (home delivery program).</i></p>	<p>\$20 copay per prescription (retail only) and \$40 copay per prescription (home delivery only)</p>	<p>50% coinsurance up to \$250 per prescription (retail only)</p>
<p>Tier3 - Typically Non-Preferred / Specialty Drugs <i>Covers up to a 30 day supply (retail pharmacy).</i> <i>Covers up to a 90 day supply (home delivery program).</i></p>	<p>\$35 copay per prescription (retail only) and \$70 copay per prescription (home delivery only)</p>	<p>50% coinsurance up to \$250 per prescription (retail only)</p>
<p>Tier4 - Typically Specialty Drugs <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.</i> <i>Covers up to a 30 day supply (retail pharmacy and home delivery program).</i></p>	<p>\$35 copay per prescription (retail only) and \$70 copay per prescription (home delivery only)</p>	<p>50% coinsurance up to \$250 per prescription (retail only)</p>

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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.
- Preferred Generic Program: If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.
- 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.

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