

Shield Spectrum PPOSM Plans

Outpatient Prescription Drug Coverage

(For groups of 51 and above)

THIS DRUG SUMMARY IS INTENDED TO BE USED WITH THE SHIELD SPECTRUM PPO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE, DISCLOSURE FORM AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlight: 3-Tier/Incentive Formulary
 \$150 Calendar-Year Brand-Name Drug Deductible
 \$10 Generic/\$20 Formulary Brand-Name/\$35 Non-Formulary Brand-Name Drugs – Retail Pharmacy
 \$20 Generic/\$40 Formulary Brand-Name/\$70 Non-Formulary Brand-Name Drugs – 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	\$150 per member per calendar year; applies to covered brand-name and home self-administered injectable medications.
---	--

PRESCRIPTION DRUG COVERAGE*# (Includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)	Participating Pharmacy	Non-Participating Pharmacy
<ul style="list-style-type: none"> Retail prescriptions (For up to a 30-day supply) 	\$10/Generic \$20/Formulary Brand \$35/Non-Formulary Brand	Member pays 25% of allowable amount plus a copayment of: \$10/Generic \$20/Formulary Brand \$35/Non-Formulary Brand
<ul style="list-style-type: none"> Mail service prescriptions (For up to a 90-day supply) 	\$20/Generic \$40/Formulary Brand \$70/Non-Formulary Brand	Not Covered Not Covered Not Covered
<ul style="list-style-type: none"> Home self-administered injectable medications (May require prior authorization from Blue Shield Pharmacy Services; not covered through mail service benefit) 	30% (Up to \$150 copayment maximum per prescription)*	Not Covered

* If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network.

Copayments and charges for these covered services are not included in the calculation of the member's medical calendar-year copayment maximum and continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage*, and the Group Health Service Contract for exact terms and conditions of coverage. Please note that if you switch to another Blue Shield of California or Blue Shield of California Life & Health Insurance Company plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to the new plan.

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). Since this plan's prescription drug coverage is creditable, you do not have to enroll in Medicare Part D 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 before enrolling in Medicare Part D you could be subject to payment of higher Part D premiums.

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

TIPS!

Using our convenient mail order service with Express Scripts 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 a 90-day supply through Express Scripts with a reduced copayment. Call Express Scripts at (800) 544-6962 or TTY: (800) 972-4348.

Benefits are subject to modification for subsequently enacted state or federal legislation