

Your summary of benefits

Anthem Blue Cross

Your Plan: PPO Rx \$10/\$25/\$40

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 an Essential formulary List. Drugs not on the list are not covered.</i>		
Tier1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 100 day supply (home delivery program) This plan uses an Essential Formulary drug list. You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days.</i>	Tier1- Typically Generic \$10 copay per prescription (retail only) and \$20 copay per prescription (home delivery only).	Tier 1 25% coinsurance up to \$250 per prescription (retail only).
Tier2 - Typically Preferred / Brand <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 100 day supply (home delivery program).</i>	Tier 2- Typically Preferred Brand & non-preferred generic drugs \$25 copay per prescription (retail only) and \$50 copay per prescription (home delivery only).	Tier 2- 25% coinsurance up to \$250 per prescription (retail only).

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Tier3 - Typically Non-Preferred / Specialty Drugs <i>Certain drugs require preauthorization approval to obtain coverage. Covers up to a 30 day supply (retail pharmacy) Covers up to a 100 day supply (home delivery program).</i></p>	<p>Tier 3 - Typically Non-Preferred Brand and generic drugs \$40 copay per prescription (retail only) and \$80 copay per prescription (home delivery only).</p>	<p>Tier 3 -25% coinsurance up to \$250 per prescription (retail only).</p>

Your summary of benefits

Notes:

- When using non-network pharmacy; members are responsible for 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.