**Enhanced Rx $10/25/40 - $20/50/80 with $150 Pharmacy Deductible**

**Outpatient Prescription Drug Coverage**  
*(For groups of 101 and above)*

**Blue Shield of California Life & Health Insurance Company**

**Highlight:**  
$150 Calendar Year Pharmacy Deductible  
$10 Tier 1 / $25 Tier 2 / $40 Tier 3 drug - Retail Pharmacy  
$20 Tier 1 / $50 Tier 2 / $80 Tier 3 drug - Mail Service

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**Covered Services** | **Member Copayment**
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**DEDUCTIBLES** *(Prescription drug coverage benefits are not subject to the medical plan deductible)*

**Calendar Year Pharmacy Deductible**

$150 per member per calendar year

<table>
<thead>
<tr>
<th><strong>PRESCRIPTION DRUG COVERAGE</strong>¹⁻³</th>
<th><strong>Participating Pharmacy</strong>⁴</th>
<th><strong>Non-Participating Pharmacy</strong>⁵⁻⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Prescriptions (up to a 30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contraceptive drugs and devices⁷</td>
<td>$0 per prescription</td>
<td>Applicable Tier 1, Tier 2, or Tier 3 Copayment</td>
</tr>
<tr>
<td>• Tier 1 drugs</td>
<td>$10 per prescription</td>
<td>25% + $10 per prescription</td>
</tr>
<tr>
<td>• Tier 2 drugs</td>
<td>$25 per prescription</td>
<td>25% + $25 per prescription</td>
</tr>
<tr>
<td>• Tier 3 drugs</td>
<td>$40 per prescription</td>
<td>25% + $40 per prescription</td>
</tr>
<tr>
<td>• Tier 4 drugs (excluding Specialty drugs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>25% of purchase price + 30% coinsurance up to $200 per prescription</td>
</tr>
<tr>
<td>Mail Service Prescriptions (up to a 90-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contraceptive drugs and devices⁷</td>
<td>$0 per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>• Tier 1 drugs</td>
<td>$20 per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>• Tier 2 drugs</td>
<td>$50 per prescription</td>
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</tr>
<tr>
<td>• Tier 3 drugs</td>
<td>$80 per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>• Tier 4 drugs (excluding Specialty drugs)</td>
<td>30%</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>(up to $400 copayment maximum per prescription)</td>
<td></td>
</tr>
<tr>
<td>Specialty Pharmacies (up to a 30-day supply)⁸</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tier 4 - Specialty drugs⁹</td>
<td>30%</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>(up to $200 copayment maximum per prescription)</td>
<td></td>
</tr>
</tbody>
</table>

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1. Amounts paid through copayments and any applicable pharmacy deductible accrues to the insured's medical calendar year out-of-pocket maximum. Please refer to the Certificate of Insurance and the Group Policy 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. Select drugs require prior authorization by Blue Shield Life for medical necessity, or when effective, lower cost alternatives are available.

3. If the insured requests a brand drug when a generic drug equivalent is available, the insured is responsible for paying the Tier 1 drug copayment plus the difference in cost to Blue Shield Life between the brand drug and its generic drug equivalent.

4. When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.

5. To obtain prescription drugs, including contraceptive drugs and devices, at a non-participating pharmacy, the insured must first pay all charges for the prescription and submit a completed Prescription Drug Claim Form for reimbursement. The insured will be reimbursed the price paid for the drug less any applicable deductible, copayment or coinsurance and any applicable out of network charge.
6 Contraceptive drugs and devices covered under the outpatient prescription drug benefits do not require a copayment and are not subject to the calendar year medical deductible when obtained from a participating pharmacy. However, if a brand contraceptive is requested when a generic equivalent is available, the insured is responsible for paying the difference between the cost to Blue Shield Life for the brand contraceptive and its generic drug equivalent. The difference in cost that the insured must pay does not accrue to any calendar year medical or brand drug deductible and is not included in the calendar year out-of-pocket maximum calculation. In addition, select contraceptives may need prior authorization to be covered without a copayment.

7 Contraceptive drugs and devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year pharmacy deductible when obtained from a participating pharmacy. If a brand contraceptive is requested when a generic equivalent is available, the insured will be responsible for paying the difference between the cost to Blue Shield Life for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

8 Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.

9 Specialty Drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon insured request, at an associated retail store for pickup. Oral anticancer medications are not subject to the calendar year pharmacy deductible.

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 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would 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 https://www.blueshieldca.com/bsca/pharmacy/home.sp 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 https://www.blueshieldca.com/bsca/pharmacy/home.sp 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.

A19525-Rev_(1/17)
Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law
Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield of California:
• Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
• Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (916) 350-7405
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANT: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的 會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。 (Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hỗ trợ Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa’ ákohwiíndzindoogii: Díí naaltsoosísh yíniiłta’go biiñíghah? Doo biiñíghahgóó éí, naaltsoos nich’i’ yiiðóoltahíí fá’ nihee hóól. Díí naaltsoos ald’ t’áá Diné k’ehjí ádołníił biniízíígh biiñíghah. Doo báaa ilínígó shíkí’ adowoól biniízíígh nihich’i’ béésh bee hodíílníih dóó námboo éí díí Blue Shield bee néího’dilzínígí bine’deé’ bikáá’ éí doddágo éí (866) 346-7198 jí’ hodíílníih. (Navajo)

 중요: 이 서신을 읽을 수 있으세요? 읽으실 수 없으면, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)
Can you read this letter? If you cannot, we can arrange for someone to read it to you. You may also receive this letter in your native language. We can assist you for free. Please call us immediately at the customer/member service number on your Blue Shield ID card, or at (866) 346-7198.

IMPORTANT: If you cannot read this letter, we can arrange for someone to read it to you. You may also receive this letter in your native language. You can call us for free at (866) 346-7198.

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно.

重要：您能阅读这封信吗？如果不能，我们可以安排某人给您朗读。您也可以用您自己的母语接收这封信。如果您需要免费的帮助，请立即拨打Blue Shield ID卡背面的会员/客户服务中心电话，或者拨打(866) 346-7198。