

**Custom PPO Needles RX 10/15/15 \$0 Pharmacy Deductible**  
**Summary of Benefits**

This Summary of Benefits shows the amount you will pay for covered Drugs under this prescription Drug Benefit.

<b>Pharmacy Network:</b>	<b>Rx Ultra</b>
<b>Drug Formulary:</b>	<b>Plus Formulary</b>

**Calendar Year Brand Drug Deductible(CYD)<sup>1</sup>**

A Calendar Year Brand Deductible (CYD) is the amount a Member pays each Calendar Year before Blue Shield pays for covered Drugs under the outpatient prescription Drug Benefit. Blue Shield pays for some prescription Drugs before the Calendar Year Brand Drug Deductible is met, as noted in the Prescription Drug Benefits chart below.

**When using a Participating<sup>2</sup> or Non-Participating<sup>3</sup> Pharmacy**

<b>Calendar Year Brand Drug Deductible</b>	<i>Per Member</i>	\$0
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**Prescription Drug Benefits<sup>4,5</sup>**

**Your payment**

	<b>When using a Participating Pharmacy<sup>2</sup></b>	<b>CYD<sup>1</sup> applies</b>	<b>When using a Non-Participating Pharmacy<sup>3</sup></b>	<b>CYD<sup>1</sup> applies</b>
<b>Retail pharmacy prescription Drugs</b>				
<i>Per prescription, up to a 30-day supply.</i>				
Contraceptive Drugs and devices	\$0		Not Covered	
Formulary Generic Drugs (Level 1)	\$10/prescription		25% plus \$10/prescription	
Formulary Brand Drugs (Level 2)	\$15/prescription		25% plus \$15/prescription	
Non-Formulary Brand Drugs (Level 3)	\$15/prescription		25% plus \$15/prescription	
<b>Mail service pharmacy prescription Drugs</b>				
<i>Per prescription, up to a 90-day supply.</i>				
Contraceptive Drugs and devices	\$0		Not covered	
Formulary Generic Drugs (Level 1)	\$10/prescription		Not covered	
Formulary Brand Drugs (Level 2)	\$15/prescription		Not covered	
Non-Formulary Brand Drugs (Level 3)	\$15/prescription		Not covered	

Blue Shield of California is an independent member of the Blue Shield Association

**Prescription Drug Benefits<sup>4,5</sup>**

**Your payment**

	<b>When using a Participating Pharmacy<sup>2</sup></b>	<b>CYD<sup>1</sup> applies</b>	<b>When using a Non-Participating Pharmacy<sup>3</sup></b>	<b>CYD<sup>1</sup> applies</b>
<p><b>Network Specialty Pharmacy Drugs</b></p> <p><i>Per prescription, up to a 30-day supply.</i></p> <p><i>Specialty Drugs are covered only when dispensed by a Network Specialty Pharmacy. Specialty Drugs from Non-Participating Pharmacies are not covered except in emergency situations.</i></p>	\$10/prescription		Not covered	

**Notes**

**1 Calendar Year Brand Drug Deductible (CYD):**

Calendar Year Brand Drug Deductible explained. A Calendar Year Brand Drug Deductible is the amount you pay each Calendar Year before Blue Shield pays for outpatient prescription Drugs under this Benefit.

If this Benefit has a Calendar Year Brand Drug Deductible, outpatient prescription Drugs subject to the Deductible are identified with a check mark (✓) in the Benefits chart above.

Any applicable Copayment, Coinsurance and CYD you pay does not count towards the Calendar Year Out-of-Pocket Maximum.

Outpatient prescription Drugs not subject to the Calendar Year Brand Drug Deductible. Some outpatient prescription Drugs received from Participating Pharmacies are paid by Blue Shield before you meet any Calendar Year Brand Drug Deductible. These outpatient prescription Drugs do not have a check mark (✓) next to them in the "CYD applies" column in the Prescription Drug Benefits chart above.

**2 Using Participating Pharmacies:**

Participating Pharmacies have a contract to provide outpatient prescription Drugs to Members. When you obtain covered prescription Drugs from a Participating Pharmacy, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Brand Drug Deductible has been met.

Participating Pharmacies and Drug Formulary. You can find a Participating Pharmacy and the Drug Formulary by visiting <https://www.blueshieldca.com/wellness/drugs/formulary#heading2>.

**3 Using Non-Participating Pharmacies:**

Non-Participating Pharmacies do not have a contract to provide outpatient prescription Drugs to Members. When you obtain prescription Drugs from a Non-Participating Pharmacy, you must pay all charges for the prescription, then submit a completed claim form for reimbursement. You will be reimbursed based on the price you paid for the Drug.

**4 Outpatient Prescription Drug Coverage:**

**Medicare Part D-creditable coverage-**

This 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 prescription Drug coverage is creditable, you do not have to enroll in Medicare Part D while you maintain this coverage; however, you should be

## Notes

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aware that if you do not enroll in Medicare Part D within 63 days following termination of this coverage, you could be subject to Medicare Part D premium penalties.

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### 5 Outpatient Prescription Drug Coverage:

Brand Drug coverage when a Generic Drug is available. If you select a Brand Drug when a Generic Drug equivalent is available, you are responsible for the difference between the cost to Blue Shield for the Brand Drug and its Generic Drug equivalent plus the applicable tier Copayment or Coinsurance of the Brand Drug. This difference in cost will not count towards any Calendar Year Brand Drug Deductible, medical Deductible, or the Calendar Year Out-of-Pocket Maximum. If your Physician or Health Care Provider prescribes a Brand Drug and indicates that a Generic Drug equivalent should not be substituted, you pay the applicable tier Copayment or Coinsurance of the Brand Drug. If your Physician or Health Care Provider does not indicate that a Generic Drug equivalent should not be substituted, you may request a Medical Necessity Review. If approved, the Brand Drug will be covered at the applicable Drug tier Copayment or Coinsurance.

See the Obtaining outpatient prescription Drugs at a Participating Pharmacy section for more information about how a brand contraceptive may be covered without a Copayment or Coinsurance.

Short-Cycle Specialty Drug program. This program allows initial prescriptions for select Specialty Drugs to be filled for a 15-day supply with your approval. When this occurs, the Copayment or Coinsurance will be pro-rated.

Specialty Drugs. Specialty Drugs are only available from a Network Specialty Pharmacy, up to a 30-day supply.

Oral Anticancer Drugs. You pay up to \$250 for oral Anticancer Drugs from a Participating Pharmacy, up to a 30-day supply. Oral Anticancer Drugs from a Participating Pharmacy are not subject to any Deductible.

Mail service Drugs. You pay the applicable 30-day retail pharmacy Copayment or Coinsurance for a 30-day supply or less from the mail service pharmacy.

Insulin. You will not pay more than \$35 for a 30-day supply of Formulary insulin Prescription Drugs from a Participating Pharmacy.

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Benefit designs may be modified to ensure compliance with State and Federal requirements.

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