

## Outpatient Prescription Drug Benefit

### Summary of Benefits

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

Pharmacy Network:

Rx Ultra

Drug Formulary:

Plus Formulary

### Calendar Year Pharmacy Deductible (CYPD)<sup>1</sup>

A Calendar Year Pharmacy Deductible (CYPD) 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 Pharmacy Deductible is met, as noted in the Prescription Drug Benefits chart below.

#### When using a Participating<sup>2</sup> Pharmacy

Calendar Year Pharmacy Deductible Per Member \$0

### Prescription Drug Benefits<sup>3,4</sup>

#### Your payment

	When using a Participating Pharmacy <sup>2</sup>	CYPD <sup>1</sup> applies
<b>Retail pharmacy prescription Drugs<sup>5</sup></b> <i>Per prescription, up to a 30-day supply.</i>		
Contraceptive Drugs and Devices	\$0/prescription	
Formulary Generic Drugs	\$10/prescription	
Formulary Brand Drugs	\$25/prescription	
Non-Formulary Brand Drugs	\$50/prescription	
<b>Mail service pharmacy prescription Drugs</b> <i>Per prescription, for a 31-90-day supply.</i>		
Contraceptive Drugs and Devices	\$0/prescription	
Formulary Generic Drugs	\$20/prescription	
Formulary Brand Drugs	\$50/prescription	
Non-Formulary Brand Drugs	\$100/prescription	
<b>Network Specialty Pharmacy Drugs</b> <i>Per prescription, up to a 30-day supply.</i>		
Specialty Drugs	20% up to \$100/prescription	

### 1 Calendar Year Pharmacy Deductible (CYPD):

Calendar Year Pharmacy Deductible explained. A Calendar Year Pharmacy 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 Pharmacy Deductible, outpatient prescription Drugs subject to the Deductible are identified with a check mark (✓) in the Benefits chart above.

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

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### 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 Pharmacy Deductible has been met.

Participating Pharmacies and Drug Formulary. You can find a Participating Pharmacy and the Drug Formulary by visiting [www.blueshieldca.com/pharmacy](http://www.blueshieldca.com/pharmacy).

Non-Participating Pharmacies. Drugs from Non-Participating Pharmacies are not covered except in emergency situations.

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### 3 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 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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### 4 Outpatient Prescription Drug Coverage:

Brand Drug coverage when a Generic or Biosimilar Drug is available. If you select a Brand Drug when a Generic Drug equivalent or Biosimilar Drug is available, you are responsible for the difference between the cost to Blue Shield for the Brand Drug and its Generic Drug equivalent or Biosimilar Drug plus the applicable tier Copayment or Coinsurance of the Brand Drug. This difference in cost will not count towards any Calendar Year Pharmacy Deductible, medical Deductible, or the Calendar Year Out-of-Pocket Maximum. If you or your Physician believes a Brand Drug is Medically Necessary, either person 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 of the EOC 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.

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

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## Notes

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### **5 Extended day supply of outpatient prescription Drugs at a retail Participating Pharmacy:**

You also have an option to receive up to a 90-day supply of prescription Drugs at any retail network pharmacy, when you take maintenance Drugs for an ongoing condition. If your Physician or Health Care Provider writes a prescription for less than a 90-day supply, the pharmacy will only dispense the amount prescribed. You must pay the applicable retail pharmacy Drug Copayment or Coinsurance for each prescription Drug, for each 30-day supply dispensed. Visit [blueshieldca.com](https://blueshieldca.com) for additional information about how to get a 90-day supply of prescription Drugs from retail pharmacies.

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

PENDING REGULATORY APPROVAL

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