

Traditional PPO Rx Plan  
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 the Claims Administrator pays for covered Drugs under the outpatient prescription Drug Benefit. The Claims Administrator 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> or Non-Participating<sup>3</sup> Pharmacy

|                                   |            |     |
|-----------------------------------|------------|-----|
| Calendar Year Pharmacy Deductible | Per Member | \$0 |
|-----------------------------------|------------|-----|

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

Your payment

|                                                                                              | When using a Participating Pharmacy <sup>2</sup> | CYPD <sup>1</sup> applies | When using a Non-Participating Pharmacy <sup>3</sup>    | CYPD <sup>1</sup> applies |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|---------------------------------------------------------|---------------------------|
| <b>Retail pharmacy prescription Drugs</b><br><i>Per prescription, up to a 30-day supply.</i> |                                                  |                           |                                                         |                           |
| Contraceptive Drugs and devices                                                              | \$0                                              |                           | Applicable Tier 1, Tier 2, or Tier 3 Copayment          |                           |
| Tier 1 Drugs                                                                                 | \$10/prescription                                |                           | 25% plus \$10/prescription                              |                           |
| Tier 2 Drugs                                                                                 | \$40/prescription                                |                           | 25% plus \$40/prescription                              |                           |
| Tier 3 Drugs                                                                                 | \$80/prescription                                |                           | 25% plus \$80/prescription                              |                           |
| Tier 4 Drugs                                                                                 | 20% up to \$200/prescription                     |                           | 20% up to \$200/prescription plus 25% of purchase price |                           |

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

## Your payment

|                                                  | When using a Participating Pharmacy <sup>2</sup> | CYPD <sup>1</sup> applies | When using a Non-Participating Pharmacy <sup>3</sup> | CYPD <sup>1</sup> applies |
|--------------------------------------------------|--------------------------------------------------|---------------------------|------------------------------------------------------|---------------------------|
| <b>Retail pharmacy prescription Drugs</b>        |                                                  |                           |                                                      |                           |
| <i>Per prescription, for a 90-day supply.</i>    |                                                  |                           |                                                      |                           |
| Contraceptive Drugs and devices                  | \$0                                              |                           | Not covered                                          |                           |
| Tier 1 Drugs                                     | \$30/prescription                                |                           | Not covered                                          |                           |
| Tier 2 Drugs                                     | \$120/prescription                               |                           | Not covered                                          |                           |
| Tier 3 Drugs                                     | \$240/prescription                               |                           | Not covered                                          |                           |
| Tier 4 Drugs                                     | 20% up to \$600/prescription                     |                           | Not covered                                          |                           |
| <b>Mail service pharmacy prescription Drugs</b>  |                                                  |                           |                                                      |                           |
| <i>Per prescription, for a 31-90-day supply.</i> |                                                  |                           |                                                      |                           |
| Contraceptive Drugs and devices                  | \$0                                              |                           | Not covered                                          |                           |
| Tier 1 Drugs                                     | \$20/prescription                                |                           | Not covered                                          |                           |
| Tier 2 Drugs                                     | \$80/prescription                                |                           | Not covered                                          |                           |
| Tier 3 Drugs                                     | \$160/prescription                               |                           | Not covered                                          |                           |
| Tier 4 Drugs                                     | 20% up to \$400/prescription                     |                           | Not covered                                          |                           |

## Notes

### 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 the Claims Administrator 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.

Any applicable Copayment, Coinsurance and CYPD you pay counts towards the Calendar Year Out-of-Pocket Maximum.

Outpatient prescription Drugs not subject to the Calendar Year Pharmacy Deductible. Some outpatient prescription Drugs received from Participating Pharmacies are paid by the Claims Administrator 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.

### 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 <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.

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### 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 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 or Biosimilar Drug is available. If you, the Physician, or Health Care Provider select a Brand Drug when a Generic Drug equivalent or Biosimilar Drug is available, you are responsible for the difference between the cost to the Claims Administrator 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 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.

Retail pharmacy. You may receive up to a 90-day supply for maintenance Drugs at a Participating Pharmacy when you pay the applicable Copayment or Coinsurance for each 30-day supply.

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.

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