

Your Prescription Drug 10-30-50 or 20% Plan

Your Prescription Drug Benefits

Prescription coverage that's easy to understand. And, how about reducing how much you pay for your prescriptions? These are important to you—and—we're helping to make things better. But talk is cheap. Prescriptions aren't. Just look at how easy your plan is to use and the ways we're helping you save.

Your three-tier plan design

You've seen that prescription drugs come in all shapes and sizes. You probably also know they vary in cost. Prescription drugs are divided into three categories called tiers. Depending on which tier a prescribed drug falls into—that affects how much you pay.

First-tier drugs have the lowest copayment. This tier will contain low-cost or preferred medications and may include generic and single-source or multi-source brand drugs*.

Second-tier drugs have a higher copayment than those on the first tier. This tier contains preferred medications that generally are moderate in cost and may include generic and single-source and multi-source brand drugs*.

Third-tier drugs have a higher copayment than those on the second tier. This tier contains non-preferred or high-cost medications and may include generic and single-source or multi-source brand drugs*.

Drugs are assigned to tiers based upon clinical decisions made by your Anthem plan's National Pharmacy and Therapeutics Committee whose members include nurses, pharmacists, and physicians. The plan has sole discretion in assigning drugs to tiers and also reserves the right within its sole discretion to move any prescription drug from one tier to another.

Ways to get your prescriptions. It's simply up to you!

You can receive prescriptions in one of the following ways.

Visit a pharmacy

Visit a participating pharmacy and your Anthem identification card is all you need to access your benefits for your outpatient prescription drugs. With your card you can receive up to a 30-day supply of covered medication from any participating retail pharmacy. Thousands of pharmacies participate in Virginia, including most major chains. To find participating pharmacies near you:

- Go to anthem.com, click on Find a Doctor and then select Find a pharmacy near you.
- Call Anthem Member Services (as listed on your ID card).

Get home delivery

With NextRx, our mail order pharmacy, you can receive up to a 90-day supply of your covered maintenance medications (such as a medication for high blood pressure or high cholesterol), and your prescription is delivered directly to your home. NextRx mail order is easy to use and you'll receive simple, step-by-step instructions once you are enrolled.

Your source for specialty drugs

Specialty drugs are high-cost, injected, infused, oral or inhaled medications (including therapeutic biological products) that are used to treat chronic or complex illnesses or conditions. Often, these drugs require special handling such as temperature-controlled packaging and overnight delivery. Your PrecisionRx Specialty Solutions pharmacy will fill both mail order and retail (when available) prescriptions. With PrecisionRx Specialty Solutions, you get the convenience of a full-service pharmacy dedicated to improving healthy outcomes.

* Single-source drugs are manufactured by only one manufacturer while multi-source drugs are manufactured by several.

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Your coinsurance: Under your plan, for third-tier drugs you'll pay the greater of the third-tier copayment or 20 percent coinsurance with a \$200 or \$400 per-prescription maximum. There will also be a \$3,500 per member per calendar year out-of-pocket maximum included with this benefit.

See the chart below for how much you'll pay by drug tier category

For medications you need when you are not in the hospital, you can receive...	First-tier Your Copayment	Second-tier Your Copayment	Third-tier Your Copayment
Up to a 30-day medication supply from participating retail pharmacies	\$10	\$30	The greater of \$50 or 20% coinsurance with a \$200 prescription maximum
Up to a 90-day medication supply delivered to your home	\$10	\$60	The greater of \$150 or 20% coinsurance with a \$400 per-prescription maximum

Preparing to talk to your doctor is important, and you may want to have a list of the most commonly used drugs by tier to bring with you to your appointment. Simply visit anthem.com to download our list of the most commonly used prescription drugs.

Get a little extra care from our participating pharmacies

Every time you have a prescription filled at a participating pharmacy, your pharmacist helps safeguard your health with an automatic drug-to-drug interaction check. This confidential comparison between the prescription you've requested and prescriptions you've had filled at other participating pharmacies can help avoid unsafe interactions. It's a special feature available only when you visit participating pharmacies.

Trust your generics

If you've ever wondered if generic drugs are just as good as brands, rest assured—they are. The standards set by the U.S. Food and Drug Administration (FDA) require that the active ingredients in generic drugs be chemically identical to their brand-name counterparts and equal in safety, strength, and effectiveness.

The FDA also requires the same review and approval process as for existing brand name drugs.

Why are generics often cheaper?

Generics are often cheaper because they're based on existing FDA-approved brand-name drugs, and manufacturers don't have to pay as much for research, development, or advertising. Your prescription drug copayments are designed so that you'll pay less out-of-pocket when your prescriptions are filled with generic drugs. So for less money, you get an equally effective medication. Participating pharmacies will always dispense a generic drug if a generic drug is available. If you or your doctor requests a brand-name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

The ins and outs of coverage

By now you should have a good understanding of how your prescription benefits work. It's also important that you take the time to read this section. While your prescription drug plan covers most prescription medications, certain medications require advance approval, a select few require approval if certain amounts are prescribed, and some may not be covered.

What's covered

That's easy. Except for those drugs listed in the next section, prescription drugs that are considered necessary to treat your medical condition are covered.

For example, if you have diabetes, your home blood glucose monitors, lancets, and blood glucose test strips are covered. In addition, compound medications (as long as at least one ingredient is a prescription drug), growth hormones, and syringes and needles for prescription injections are covered.

What's not covered

Your health care coverage is designed to cover most, but not all prescription drugs. Your health plan limits coverage of prescription drugs to only those listed on the Anthem formulary. Most prescription drugs are listed on this formulary; however, certain prescription drugs with clinically equivalent alternatives may be excluded. The following list of services and supplies will not be covered by your prescription drug benefit:

- over-the-counter drugs
- any per unit, per month quantity over the plan's limit
- drugs used mainly for cosmetic purposes
- drugs that are experimental, investigational, or not approved by the FDA
- cost of medicine that exceeds the allowable charge for that prescription
- weight loss drugs
- infertility drugs
- stop smoking aids
- therapeutic devices or appliances
- injectable prescription drugs that are supplied by a provider other than a pharmacy
- charges to inject or administer drugs
- drugs not dispensed by a licensed pharmacy
- drugs not prescribed by a licensed provider
- refills dispensed after one year from the date of the original prescription order
- medicine covered by workers' compensation, Occupational Disease Law, state or government agencies, or medicine furnished by any other drug or medical service

About your costs

Your Anthem health coverage includes a feature that limits the amount you have to pay each year in copayments. The expenses you pay for prescription drugs do not count toward that limit. Your per-prescription costs—including copayments and any additional costs you pay if you request a brand-name drug—cannot be waived even if you meet your annual copayment maximum.

Note on Prior Authorization

Some drugs require prior authorization. Go to anthem.com, select Member on the blue panel, then Virginia, and Search the Drug List. For further information, call Member Services at the number on your ID card.

Anthem Blue Cross and Blue Shield receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem members. These credits are retained by Anthem as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.

*This benefits overview insert is only one piece of your entire enrollment package.
See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.*