

3-Tier Prescription Drug Benefit

\$10 Copayment - Tier 1 Drugs

\$25 Copayment - Tier 2 Drugs

\$40 Copayment – Tier 3 Drugs

Unlimited Annual Maximum

Description of Benefits

Member Pays:

		Retail	Mail Order
Tier 1	Tier 1 drugs have the lowest copayment. This tier will contain low cost or preferred medications that may be generic, single source brand drugs, or multi-source brand drugs. Tier 1 copayment applies.	\$10	\$20
Tier 2	Tier 2 drugs will have a higher copayment than those in Tier 1. This tier will contain preferred medications that may be generic, single source or multi-source brand drugs. Tier 2 copayment applies.	\$25	\$50
Tier 3	Tier 3 drugs will have a higher copayment than those on tier 2. This tier will contain non-preferred and high cost medications. This tier will include medications considered generic, single source, or multi-source brand drugs. Tier 3 copayment applies.	\$40	\$80

How To Use The 3-Tier Prescription Drug Program

The 3-Tier Prescription Drug Program incorporates different levels of copayments for three types of prescription drugs as defined in the chart above. The formulary lists generics and brand-name drugs that have been selected for their quality, safety and cost-effectiveness. These preferred drugs may have lower member copayments than non-preferred drugs (but may not have a lower overall cost in all instances.) You may minimize your copayments when you use preferred generic prescriptions and preferred brand-name prescriptions. You'll still have coverage for non-preferred generic and brand-name drugs, but at a higher cost share. **Talk to your provider** about using preferred generic drugs or preferred brand-name drugs included on the formulary. You'll have lower copayments when you use these drugs.

- You will be responsible for **one** copayment when purchasing a **30-day supply** of prescription drugs from a participating retail pharmacy.
- You'll be responsible for **two** copayments when purchasing a **90-day supply** of maintenance drugs through the mail-order program.

Generic Substitution: Prescriptions may be filled with the generic equivalent when available.

- When you purchase a preferred generic drug at a participating pharmacy, you'll only be responsible for a Tier 1 copayment.
- When a generic equivalent is available and you obtain a preferred or non-preferred brand-name drug, you will be responsible for the applicable Tier copayment *plus* the difference in cost between the generic and preferred or non-preferred brand-name drug. This provision applies unless your provider obtains Prior Authorization. When Prior Authorization is obtained (at the discretion of Anthem Blue Cross and Blue Shield), you will be responsible only for the applicable Tier copayment.

Voluntary Mail-service Program

Members have access to Anthem's mail service pharmacy, the voluntary mail-service drug program for members who regularly take one or more types of maintenance drugs. Members can order up to a **90-day supply** of these medications and have them delivered directly to their home.

National Pharmacy Network

Members also have access to a network of more than 65,000 retail pharmacies throughout the country. Members may call 1-800-962-8192, or go to www.wellpointnextrx.com to locate a participating pharmacy when traveling outside the state.

Principle Limitations and Exclusions

- ◆ Any drug not required for the treatment or prevention of illness or injury
- ◆ Allergenic extracts
- ◆ Devices and artificial appliances
- ◆ Prescriptions dispensed in a hospital or skilled nursing facility
- ◆ Drugs for use in connection with drug addiction
- ◆ Drugs which may be purchased without a prescription (non-legend drugs)
- ◆ Antibacterial soaps/detergents, shampoos, toothpastes/gels and mouthwashes/rinses
- ◆ Oral contraceptives
- ◆ Medical drugs used for the treatment of sexual dysfunction
- ◆ Needles and syringes not prescribed for the administration of a covered drug