

Enhanced Rx \$10/25/40 with \$0 Pharmacy Deductible
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)¹

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 Participating² or
Non-Participating³ Pharmacy**

Calendar Year Pharmacy Deductible

Per Member \$0

Prescription Drug Benefits^{4,5}

Your payment

	When using a Participating Pharmacy²	CYPD¹ applies	When using a Non-Participating Pharmacy³	CYPD¹ applies
Retail pharmacy prescription Drugs				
<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	\$25/prescription		25% plus \$25/prescription	
Tier 3 Drugs	\$40/prescription		25% plus \$40/prescription	
Tier 4 Drugs	30% up to \$250/prescription		30% up to \$250/prescription plus 25% of purchase price	
Retail pharmacy prescription Drugs				
<i>Per prescription, up to a 90-day supply from a 90-day retail pharmacy.</i>				
Contraceptive Drugs and devices	\$0		Not covered	
Tier 1 Drugs	\$30/prescription		Not covered	
Tier 2 Drugs	\$75/prescription		Not covered	
Tier 3 Drugs	\$120/prescription		Not covered	
Tier 4 Drugs	30% up to \$750/prescription		Not covered	

Prescription Drug Benefits^{4,5}

Your payment

	When using a Participating Pharmacy ²	CYPD ¹ applies	When using a Non-Participating Pharmacy ³	CYPD ¹ applies
Mail service pharmacy prescription Drugs				
<i>Per prescription, up to a 90-day supply.</i>				
Contraceptive Drugs and devices	\$0		Not covered	
Tier 1 Drugs	\$20/prescription		Not covered	
Tier 2 Drugs	\$50/prescription		Not covered	
Tier 3 Drugs	\$80/prescription		Not covered	
Tier 4 Drugs	30% up to \$500/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 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.

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 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.

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.

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 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.

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 Tier 1 Copayment or Coinsurance. This difference in cost will not count towards any Calendar Year Pharmacy 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 your applicable tier Copayment or Coinsurance. 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.

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.

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



Blue Shield of California Endorsement to your Outpatient Prescription Drug Plan

This Endorsement should be attached to, and is made part of, your Blue Shield of California *Outpatient Prescription Drug Rider*. Please retain it for your records.

Effective **September 25, 2022**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Prescription Drug Benefits** introduction section:

Benefits are provided for COVID-19 therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a Health Care Provider acting within their scope of practice and the standard of care. Coverage is provided without a Cost Share for services provided by a Participating Provider. For services provided by a Non-Participating Provider, coverage is provided without a Cost Share during the federal COVID-19 Public Health Emergency and for six months after the end of the federal COVID-19 Public Health Emergency.

For a disease for which the Governor of the State of California has declared a public health emergency, therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for that disease will be covered without a Cost Share.

Effective **January 1, 2023**, your Outpatient Prescription Drug Rider is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following revisions have been made to the **Obtaining outpatient prescription Drugs at a Participating Pharmacy** section:

~~There is no Copayment or Coinsurance for generic, FDA-approved contraceptive Drugs and devices obtained from a Participating Pharmacy. Brand contraceptives are covered without a Copayment or Coinsurance only when Medically Necessary.~~ Contraceptive Drugs and devices obtained from a Participating Pharmacy are covered without a Copayment or Coinsurance, except for brands that have a generic equivalent. If your Physician or Health Care Provider determines that the covered Generic Drug therapeutic equivalent is medically inadvisable, the brand name contraceptive will be covered without a Copayment or Coinsurance upon submission of an exception request. If there is no Generic Drug therapeutic equivalent available, you will receive the brand name contraceptive without a Copayment or Coinsurance.

2. The following revisions have been made to the **Prior authorization/exception request/step therapy process** section:

The following Drugs require prior authorization:

- Some Formulary Drugs, compounded medications, and most Specialty Drugs; and

- Drugs exceeding the maximum allowable quantity based on Medical Necessity and appropriateness of therapy; ~~and~~
- ~~Some brand contraceptives, in order to be covered without a Copayment or Coinsurance.~~

3. The following revisions have been made to an **Exclusion** in the **Outpatient prescription Drug exclusions and limitations** section:

Drugs that are available without a prescription (over-the-counter), including drugs for which there is an over-the-counter drug that has the same active ingredient and dosage as the prescription Drug. This exclusion will not apply to over-the-counter drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B or to ~~female~~ over-the-counter contraceptive Drugs and devices when prescribed by a Physician.

4. The following revisions have been made to the **Drugs** definition:

Drugs include the following: [...]

- Contraceptive drugs and devices, including the following:
 - Diaphragms;
 - Cervical caps;
 - Contraceptive rings;
 - Contraceptive patches;
 - Oral contraceptives;
 - Emergency contraceptives; and
 - ~~Female~~ Over-the-counter contraceptive products when ordered by a Physician;

Effective **July 1, 2023**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Prescription Drug Benefits** introduction section:

Some Drugs, most Specialty Drugs, and prescriptions for Drugs exceeding specific quantity limits require prior authorization to be covered. The prior authorization process is described in the *Prior authorization/exception request/step therapy process* section. You or your Physician may request prior authorization from Blue Shield.

Prescription Drug information is available by logging into your member portal at blueshieldca.com and selecting "Price Check My Rx." This tool can show you:

- Your eligibility for a prescription Drug;
- The current cost of the prescription Drug;
- Any available lower cost alternative(s) to the prescription Drug based on your plan Formulary and the pharmacy that fills your prescription;
- Any limits, restrictions, or requirements for each Drug, if applicable; and
- Your current plan Formulary.

"Price Check My Rx" prices are based on your Deductible and Out-of-Pocket Maximum accruals (if applicable) at the time you view the prescription Drug price. Costs may be different at the time you fill your prescription due to claims processing. You or your Physician or Health Care Provider can also request this Prescription Drug information by calling Customer Service.