

# Your summary of benefits



Anthem Blue Cross

Your Plan: ALADS 2021 Prescription Drug Plan \$5/\$15

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.*

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	\$0	\$0
<b>Pharmacy Out of Pocket</b>	\$0	\$0
<b>Prescription Drug Coverage</b> <i>This plan uses a National Drug List. Drugs not on the list are not covered.</i>		
<b>Preventive Pharmacy</b> Preventive Immunization	\$0 copay (retail only)	50% coinsurance up to \$250 per prescription (retail only)
Female oral contraceptive <i>Generic and Single Source brand</i>	\$0 copay (retail only)	50% coinsurance up to \$250 per prescription (retail only)
<b>Generic Drugs</b> <i>Covers up to a 30 day supply (retail pharmacy).</i> <i>Covers up to a 90 day supply (home delivery program).</i>	\$5 copay pharmacy (retail and home delivery)	50% coinsurance up to \$250 per prescription (retail only)
<b>Brand Name Drugs</b> <i>Covers up to a 30 day supply (retail pharmacy).</i> <i>Covers up to a 90 day supply (home delivery program).</i>	\$15 copay pharmacy (retail only) and \$5 copay pharmacy (home delivery only)	50% coinsurance up to \$250 per prescription (retail only)

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Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Compound Drugs</b>  <i>Covers up to a 30 day supply (retail pharmacy).            Not available through Home Delivery program.</i></p>	<p>\$15 copay pharmacy (retail only)</p>	<p>50% coinsurance up to \$250 per prescription (retail only)</p>
<p><b>Specialty Pharmacy Drugs</b>  <i>Applicable only to specified drugs that must be obtained through the specialty pharmacy program.</i></p>	<p>\$5 copay pharmacy for generic drugs (including self-injectable drugs) and \$15 copay pharmacy for brand name drugs (including self-injectable drugs)</p>	<p>Not covered</p>

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## Notes:

- When using non-network pharmacy; members are responsible for 50% of the prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.
- Preferred Generic Program: If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.
- Supply limits for certain drugs may be different, go to Anthem website or call customer service.
- Certain drugs require pre-authorization approval to obtain coverage.

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