Your Summary of Benefits
City of Riverside
Effective 1/1/2016

Anthem Blue Cross

Custom $15/$30/$50/30%

PLEASE NOTE*: This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form ("EOC")/Certificate of Insurance ("Certificate") which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription - your copay - will be determined by the drug's type (whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication). A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication. The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at anthem.com/ca under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at 800-700-2541.

Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at anthem.com/ca.

Using a Participating Pharmacy

You can control the cost of your prescription drugs by using our network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs may increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement to us.

Members that submit claims from non-participating pharmacies are reimbursed based on on the lesser of the billed charge or on a prescription drug maximum allowed amount. The prescription drug maximum allowed amount may be considerably less than you paid for your medication. You are responsible for paying any difference in cost between the prescription drug maximum allowed amount and what you paid for your medication.

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at anthem.com/ca.

Home Delivery Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. To fill a prescription through the mail, simply complete the Home Delivery form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at anthem.com/ca.

Please note that not all medications are available through the Home Delivery Program. Certain specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for specified specialty pharmacy drugs are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program *(see EOC/Certificate for details).* The specialty pharmacy program will deliver your medication to you by mail or common carrier *(you cannot pick up your medication).* You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs that must be obtained through the specialty pharmacy program are limited to a 30-day supply for each fill.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for each Prescription or Refill
Retail Participating Pharmacy	
∘ Preventive immunizations administered by a retail pharmacy	No copay
∘ Female oral contraceptives generic and single source brand	No copay
∘ Generic drugs	$15
∘ Brand name formulary drugs ‡	$30
∘ Brand name non-formulary drugs *(includes compound drugs)* ‡	$50
∘ Self-administered injectable drugs, except insulin†	30% of prescription drug maximum allowed amount *(maximum $150 copay per fill)*
Home Delivery Program	
∘ Female oral contraceptives generic and single source brand	No copay
∘ Generic drugs	$15
∘ Brand name formulary drugs‡	$60
∘ Brand name non-formulary drugs ‡ ƒ	$100
∘ Self-administered injectable drugs, except insulin†	30% of prescription drug maximum allowed amount *(maximum $300 copay per fill)*
Specialty Pharmacy Program Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply. Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at anthem.com/ca. From our home page: Click on **Customer Care**; Then select "**I need to**: **Choose**: **Download Forms**"; In the pharmacy library section, click on "**Specialty Drug List**."	Applicable copay applies
Non-participating Pharmacies (*compound drugs & certain specialty pharmacy drugs not covered*)	Member pays the above retail pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount
Supply Limits§	
∘ Retail Pharmacy (*participating and non-participating*)	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies); 90-day supply for eligible prescriptions obtained through a retail pharmacy, but will require a triple copay
∘ Home Delivery	90-day supply
∘ Specialty Pharmacy	30-day supply

The Prescription Drug Benefit covers the following:

- All eligible immunizations administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin) prescribed by a physician.
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin).
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for tier 2 or tier 3 copay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.

† Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.

‡ 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. Please refer to the EOC/Certificate for complete information

f Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

Prescription Drug Exclusions & Limitations

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications.

Drugs & medications used to induce spontaneous & non-spontaneous abortions.

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices.

Professional charges in connection with administering, injecting or dispensing drugs.

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility.

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC/Certificate.

Services or supplies for which the member is not charged.

Oxygen.

Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the EOC/Certificate.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs.

Drugs or medications prescribed for experimental indications.

Any expense for a drug or medication incurred in excess of the prescription drug maximum allowed amount.

Drugs which have not been approved for general use by the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products. This does not apply to medically necessary drugs that the member can only get with a prescription under federal law.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another condition.

Anorexiants and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants).

Drugs obtained outside the U.S, unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum.

Infusion drugs, except drugs that are self-administered subcutaneously.

Herbal supplements, nutritional and dietary supplements.

Formulas and special foods for the treatment of phenylketonuria (PKU).

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.

Compound medications unless:
a. There is at least one component in it that is a prescription drug; and
b. It is obtained from a participating pharmacy. Member will have to pay the full cost of the compound medications if member obtains drug at a non-participating pharmacy.

Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.

Off label prescription drugs

Third Party Liability
Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

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