

Prescription Drug Coverage

The amount you pay for prescription drugs in-network will depend on:

- Which Medical Plan option you enroll in
- Where you have your prescriptions filled (you must use a Level 1 or Level 2 Pharmacy for your prescription to be covered)
- What type of medication is filled (generic, formulary, non-formulary or specialty)
- Whether your prescription is filled as a 30-day retail supply or a 90-day mail supply

	PREMIUM PPO ^{1,2}		CLEAR CHOICE		BASIC PPO ²		CORE CHOICE		CORE VALUE		ESSENTIAL	
Deductible and Out-of-Pocket Maximum	Not subject to deductible; costs applied to Annual Rx Out-of-Pocket Maximum: \$3,000 individual/\$6,500 family						Subject to Medical Annual Deductible and Coinsurance; costs applied to Annual Medical Out-of-Pocket Maximum (see previous page)					
Pharmacy Network	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Retail (30-day Supply)												
Generic	\$10	\$15	\$12	\$20	\$10	\$15	20% after deductible	30% after deductible	\$0 after deductible		\$0 after deductible	
Formulary	20% \$30 minimum; \$75 maximum	30%	\$50	\$60	20% \$30 minimum; \$75 maximum	30%	20% after deductible	30% after deductible	\$0 after deductible		\$0 after deductible	
Non-Formulary	40% \$60 minimum; \$150 maximum	50%	\$130	\$145	40% \$60 minimum \$150 maximum	50%	20% after deductible	30% after deductible	\$0 after deductible		\$0 after deductible	
Specialty	30% for Preferred Formulary Drugs; 45% for Non-Preferred Formulary Drugs; \$0 for CarelonRx's Cost Relief Program						20% after deductible		\$0 after deductible		\$0 after deductible	
Mail (90-day Supply)												
Generic	\$20	\$30	\$30	\$50	\$20	\$30	20% after deductible	30% after deductible	\$0 after deductible		\$0 after deductible	
Formulary	20% \$60 minimum; \$150 maximum	30%	\$125	\$150	20% \$60 minimum \$150 maximum	30%	20% after deductible	30% after deductible	\$0 after deductible		\$0 after deductible	
Non-Formulary	40% \$120 minimum; \$300 maximum	50%	\$325	\$350	40% \$120 minimum; \$300 maximum	50%	20% after deductible	30% after deductible	\$0 after deductible		\$0 after deductible	
Specialty	30% for Preferred Formulary Drugs; 45% for Non-Preferred Formulary Drugs; \$0 for CarelonRx's Cost Relief Program						20% after deductible		\$0 after deductible		\$0 after deductible	

¹ The Premium PPO Medical Plan option is only available to partners who were benefits-eligible before January 1, 2012 or are grandfathered into the Plan.

² Partners and eligible dependents will be automatically enrolled in CarelonRx's Cost Relief program and will have a \$0 copay for specialty (only) drugs. Partners and dependents who opt out of CarelonRx's Cost Relief program will pay a 30% copay for specialty drugs.

Note: For coverage of weight loss medications, contact Anthem Health Guide at **800.514.4538**.