

# Your prescription drug plan

<b>Your Prescription Drug 15-30-60 or 20% with \$150 Deductible Plan</b>	<b>Tier 1 Copay</b>	<b>Tier 2 Copay</b>	<b>Tier 3 Copay</b>
Up to a 30-day medication supply at participating retail pharmacies	\$15	\$30	The greater of \$60 or 20% coinsurance with a \$200 prescription maximum
Up to a 90-day medication supply delivered to your home	\$15	\$60	The greater of \$180 or 20% coinsurance with a \$400 prescription maximum

Under your plan, for third-tier drugs you'll pay the greater of the third-tier copayment or 20 percent coinsurance with a \$200 or \$400 per-prescription maximum. There will also be a \$3,500 per member per benefit year out-of-pocket maximum included with this benefit.

Some members have a \$150 deductible per member per benefit year or \$300 per benefit year for the whole family toward second- and third- tier drugs only. Your deductible amount begins anew each benefit year. A **calendar year\*** means your benefit period runs from January through December while a **plan year** runs from the effective date of the plan through a 12-month period (e.g. February 1 through January 31 or July 1 through June 30). After you meet your deductible on second-tier and third-tier drugs, simply pay the appropriate copayment shown in the chart below for each prescription.

\*Covered services received during the last three months of the calendar year that applied to a covered person's deductible, may also apply to the deductible required for the following calendar year

## Retail pharmacy network

Our network includes more than 64,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your plan ID card.

To make sure your pharmacy's in our network, visit [anthem.com](http://anthem.com).

- Log in and click on "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "My Prescription Plan" in the left hand column.
- Click on "Find a Pharmacy."

Choosing a non-network pharmacy means you'll pay the full cost of your drug. Then, you may submit a claim form to be repaid. To access the form, visit [anthem.com](http://anthem.com).

- Log in and select the "Refill a Prescription" link. You will be directed to the Express Scripts website.
- Click on "My Prescription Plan" in the left-hand column, then click on "Coverage & Copayments." The claim form is on this page.

## Note about your pharmacy information on the web:

Express Scripts is the company that manages the operations of your drug plan. The first time you're directed to the Express Scripts website, you'll go through a brief registration. The purpose is to set your preferences for communication and privacy. You'll do this only once.

To access your pharmacy information, log on to [anthem.com](http://anthem.com).

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## Home Delivery Pharmacy

Home delivery is for people who take medications on an ongoing basis. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

## Getting started with home delivery

Switching is simple. You can order by phone, mail or fax.

**By phone:** Call **866-281-4279**, Monday through Friday, 8:30 a.m. to 8 p.m., Eastern time. You'll find out how much your prescription will cost and how much you can save. Have this information handy: *your* prescription, doctor's name, phone number, drug names and strengths and credit card information (including cardholder name, account number and expiration date).

**By mail:** Visit **anthem.com** to get an order form.

- Log in and select "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "Fill a New Prescription."
- Choose the "Print a Prescription Order Form" link. You can print the form and complete it by hand. Or you can fill out a web-based form and print it.
- Mail your completed form, prescription from your doctor, and payments to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis MO 63166-6785

**By fax:** Have your doctor fax your prescription information to **800-600-8105**. It must be faxed directly from your doctor's office. If there is a question about your prescription, the pharmacy will contact your doctor.

## Ordering refills

With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online:

**By phone:** Have your prescription label and credit card ready. Call **866-281-4279** and select "Automated Refill Order Line" option from the menu. Or press zero at any time to speak with a patient care advocate. If you are speech or hearing impaired, call **800-899-2114**. Follow the prompts to place your order.

**By mail:** Fill out an order form you received with a previous order. Affix your label or write the prescription refill number in the space provided. Mail the order form with the proper payment to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis MO 63166-6785

**Online:** Visit **anthem.com**.

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- Log in and select "Refill a Prescription". You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click "Add Refills to Cart."
- Review the order, shipping method, payment, medical information and contact information, and make changes if needed.
- Click "Place My Order."

## Specialty Pharmacy

CuraScript, the Express Scripts specialty pharmacy, provides support and medicine for people with complex, long-term conditions. They include (but are not limited to):

- Asthma
- Cancer
- Crohn's Disease
- Gaucher's Disease
- Hemophilia
- Hepatitis C
- HIV/AIDS
- Multiple sclerosis
- Primary immune deficiency
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Nurses, pharmacists and patient care advocates work together to help improve your care. Their goal is to help you get the best results from your treatments.

## Ordering specialty drugs

You can place your first order by phone or fax:

**By phone:** Call **800-870-6419**, Monday through Friday, 8 a.m. to 10 p.m., Eastern time. A patient care advocate will help you get started.

**By fax:** Ask your doctor to fax your prescription and a copy of your ID card to **800-824-2642**.

## Ordering refills

**Online:** Visit [anthem.com](http://anthem.com).

- Log in and select "Refill a Prescription." You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click "Add refills to Cart."
- Review the order, shipping method, payment, medical information and contact information and make changes if needed.
- Click "Place My Order."

Note: For some drugs, you must call to order a refill.

## Drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs.

We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

# Your prescription drug plan (continued)

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit [anthem.com](http://anthem.com). Click on "Customer Care" in the top-right corner. Select your state, then click "Download Forms." You'll find the Drug List on this page.

If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

## Generic drugs

Your plan covers brand and generic (or non-brand) drugs. When you choose a generic, you'll get the same effect as a brand drug – but usually at a lower cost.

Brand and generic drugs have the same active ingredient, strength and dose. And generics must meet the same high standards for safety, quality and purity.

Prescription drugs will always be dispensed as ordered by your physician. If you or your doctor requests a brand name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

## Why generics cost less

Developing a new drug is expensive. When a company creates a new drug, it gets a patent for up to 20 years. That means only the company that created it can sell it during that time. Once the patent expires, other companies can make copies of the same drug. These companies avoid the high costs of developing the drug – and that helps lower the price for you.

Talk to your doctor to see if a generic is right for you. Don't switch or stop taking any drugs until you talk to your doctor.

## Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less
- Rules for use with very specific conditions

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

The Drug List also includes this information. To view it, visit [anthem.com](http://anthem.com). Click on "Customer Care" in the top-right corner. Select your state, then click on "Download Forms." You'll find the Drug List on this page.

*Anthem Blue Cross and its HMO affiliate, HealthKeepers, Inc., receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem Blue Cross and Blue Shield and Anthem HealthKeepers members. These credits are retained by Anthem Blue Cross and Blue Shield and HealthKeepers, Inc. as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.*

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*This benefits overview insert is only one piece of your entire enrollment package. See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.*

# Your prescription drug plan (continued)

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Anthem Blue Cross and its HMO affiliate, HealthKeepers, Inc. believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and its HMO affiliate, HealthKeepers, Inc. at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).