

# Shield Spectrum PPO & PPO Plus Plans

## Outpatient Prescription Drug Coverage

(For groups of 51 and above)

**THIS DRUG SUMMARY IS INTENDED TO BE USED WITH THE SHIELD SPECTRUM PPO OR PPO PLUS PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE, DISCLOSURE FORM AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

### Highlight: 3-Tier/Incentive Formulary

No Calendar-Year Brand-Name Drug Deductible  
 \$10 Generic/\$25 Formulary Brand-Name/\$40 Non-Formulary Brand-Name Drugs – Retail Pharmacy  
 \$20 Generic/\$50 Formulary Brand-Name/\$70 Non-Formulary Brand-Name Drugs – Mail Service

Covered Services	Member Copayment
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**DEDUCTIBLES** (Prescription drug coverage benefits are not subject to the medical plan deductible.)

<b>Calendar-year brand-name drug deductible</b>	None
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<b>PRESCRIPTION DRUG COVERAGE<sup>*#</sup></b> (Including oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies).	<b>Participating Pharmacy</b>	<b>Non-Participating Pharmacy</b>
– Retail prescriptions (For up to a 30-day supply)	\$10 Generic \$25 Formulary Brand \$40 Non-Formulary Brand	Member pays 25% of allowable amount plus a copayment of: \$10 Generic \$25 Formulary Brand \$40 Non-Formulary Brand
– Mail service prescriptions (For up to a 90-day supply)	\$20 Generic \$50 Formulary Brand \$70 Non-Formulary Brand	Not covered
– Home self-administered injectable drugs (May require preauthorization from Blue Shield Pharmacy Services; not covered through mail service benefit)	30% (Up to \$150 copayment maximum per prescription)	30% (Up to \$150 copayment maximum per prescription)

\* If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment.  
 # Copayments and charges for these covered services are not included in the calculation of the member's medical calendar-year copayment maximum and continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage*, the *Disclosure Form* and the Group Health Service Contract for exact terms and conditions of coverage.

### Stretch Your Prescription Drug Dollar Even Further

**This benefit chart is just the beginning to making the most of your coverage. To help you get your money's worth, we have created many opportunities for you to save on costs wherever possible. Read on to learn about the unique resources we have to support you.**

#### Choose generic instead of brand-name drugs

We're driving the use of generics to help you get safe, affordable drugs at a time when prescription costs continue to grow. Increasing drug costs is one of the main reasons that overall healthcare coverage has become more expensive. But the use of generics can have a direct and indirect impact on keeping rates down.

By choosing a proven generic over a brand-name drug, you can quickly lower your costs. Generics cost less than brand-name drugs so we can pass the savings on to you through affordable generic drug coverage. When you ask for a drug that is available as a generic you have a copayment that is significantly less than the copayment for the brand, and no deductible.

## Choose generic instead of brand-name drugs, *continued*

You can trust generics to be equivalent to their brand-name counterpart. They must contain the same active ingredient and have approval from the U.S. Food and Drug Administration for meeting the same safety standards.

About half the drugs on the market today are available in generic form. Your doctor can help you decide if a specific drug is right for you. At your next visit, let your doctor know you prefer generics and remember to bring a copy of your formulary. For a printed copy, call the customer service number on your Blue Shield ID card or download one from the “pharmacy” section of [mylifepath.com](http://mylifepath.com).

## Use online pharmacy tools at Mylifepath.com

We created the “pharmacy” section of our Web site to give you access to resources to help you be informed and make cost-saving decisions.

- **ask the pharmacist** – If you have clinical questions about prescription or over-the-counter drugs, you can use this feature to connect with the drug information pharmacists at the University of California, San Francisco. Simply submit your question using easy electronic forms. Within one to two business days, a clinical pharmacist will reply by e-mail with a link to a confidential response posted on the mylifepath site. Then, you have the option of saving the answer to a personal archive for later reference.
- **drug database & formulary** – Use this feature to get information on our most current formulary list, generic alternatives that help you lower out-of-pocket costs and details about specific coverage restrictions. You can search by drug name or drug class. You will find answers to drug-related questions, including information about drug interactions. Plus, watch for the most recent changes to our formulary highlighted in our “Announcements” box
- **participating pharmacies** – Using this feature, you can locate participating pharmacies for maximum coverage. Just enter a zip code or city and our new tool aggregates a list, across retail chains and independents, and serves it up on our site.

## Sign up for our prescription mail service

If you take a particular drug for a chronic condition such as diabetes or high blood pressure on an ongoing basis, our plans offer coverage of a mail service benefit, available through Express Scripts Mail Service Pharmacy. Members who are stabilized on long-term maintenance medications can use mail service to obtain up to a 90-day supply.

After sending your initial maintenance drug prescription to Express Scripts, you can order refills via the “pharmacy” section of [mylifepath.com](http://mylifepath.com). If you prefer to renew your prescription by phone, you can call Express Scripts at (800) 544-6962, or TTY (800) 972-4348 if you are hearing impaired. Allow up to 14 days for delivery, from the day you mail your initial prescription order or order a refill.

If you don't have Internet access, call Member Service at the number on your Blue Shield ID card to find out more about your drug benefits and get a mail service order form.

Please note that home self-administered injectables and drugs used for short-term conditions, such as migraine medications and antibiotics, are not covered by this mail service benefit.

*Benefits are subject to modification for subsequently enacted state or federal legislation.*

*Please note that if you switch to another Blue Shield of California or Blue Shield of California Life & Health Insurance Company plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to your new plan.*

