

Stanford University Postdocs
Custom ASO PPOSM Plans

Outpatient Prescription Drug Coverage

Blue Shield of California

Highlight: \$0 Calendar-Year Brand-Name Drug Deductible
\$10 Formulary Generic/\$20 Formulary Brand Name/\$20 Non-Formulary Brand Name Drug - Retail Pharmacy
\$20 Formulary Generic/\$40 Formulary Brand Name/\$40 Non-Formulary Brand-Name Drug - Mail Service

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

Covered Services	Member Copayment	
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)		
Calendar-year brand-name drug deductible	None	
PRESCRIPTION DRUG COVERAGE ^{1,2,3,4} (Includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)		
	Participating Pharmacy	Non-Participating Pharmacy Member pays 50% of billed amount plus a copayment of:
Retail prescriptions (For up to a 30-day supply)		
• Formulary generic drugs	\$10 per prescription	\$10 per prescription
• Formulary brand name drugs	\$20 per prescription	\$20 per prescription
• Non-formulary brand name drugs	\$20 per prescription	\$20 per prescription
Mail service prescriptions (For up to a 90-day supply)		
• Formulary generic drugs	\$20 per prescription	Not Covered
• Formulary brand name drugs	\$40 per prescription	Not Covered
• Non-formulary brand name drugs	\$40 per prescription	Not Covered
Specialty Pharmacies (For up to a 30-day supply)		
• Specialty drugs	Applicable copayment per prescription	Not Covered

- 1 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 Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to the new plan.
- 2 Selected formulary and non-formulary drugs require prior authorization for Medical Necessity, and when effective, lower cost alternatives are available.
- 3 Specialty-drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.
- 4 Specialty Drugs are specific Drugs that usually require close monitoring and are used to treat complex or chronic conditions such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Infused or Intravenous (IV) medications are not included as Specialty Drugs. These Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

An Independent Member of the Blue Shield Association

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Plan Contract*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

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