

**CCPOA (Basic Plan) Custom Access+ HMO Rx Plan
 Summary of Benefits**

This Summary of Benefits shows the amount you will pay for covered Drugs under this prescription Drug Benefit.

Pharmacy Network:	Rx Ultra
Drug Formulary:	Plus Formulary

Calendar Year Pharmacy Deductible(CYPD)¹

A Calendar Year Pharmacy Deductible (CYPD) is the amount a Member pays each Calendar Year before Blue Shield pays for covered Drugs under the outpatient prescription Drug Benefit. Blue Shield pays for some prescription Drugs before the Calendar Year Pharmacy Deductible is met, as noted in the Prescription Drug Benefits chart below.

When using a Participating² Pharmacy

Calendar Year Pharmacy Deductible	<i>Per Member</i>	\$50
	<i>Per Family</i>	\$150

Prescription Drug Benefits^{3,4}

Your payment

	When using a Participating Pharmacy²	CYPD¹ applies
Retail pharmacy prescription Drugs		
<i>Per prescription, up to a 30-day supply.</i>		
Contraceptive Drugs and devices	\$0	
Tier 1 Drugs	\$10/prescription	
Tier 2 Drugs	\$25/prescription	✓
Tier 3 Drugs	\$50/prescription	✓
Tier 4 Drugs	\$50/prescription	✓
Retail pharmacy prescription Drugs		
<i>Per prescription, up to a 90-day supply from a 90-day retail pharmacy.</i>		
Contraceptive Drugs and devices	\$0	
Tier 1 Drugs	\$30/prescription	
Tier 2 Drugs	\$75/prescription	✓
Tier 3 Drugs	\$150/prescription	✓
Tier 4 Drugs	\$150/prescription	✓

Blue Shield of California is an independent member of the Blue Shield Association

Prescription Drug Benefits^{3,4}

Your payment

	When using a Participating Pharmacy ²	CYPD ¹ applies
Mail service pharmacy prescription Drugs		
<i>Per prescription, for a 31-90-day supply.</i>		
Contraceptive Drugs and devices	\$0	
Tier 1 Drugs	\$20/prescription	
Tier 2 Drugs	\$50/prescription	✓
Tier 3 Drugs	\$100/prescription	✓
Tier 4 Drugs	\$100/prescription	✓

Notes

1 Calendar Year Pharmacy Deductible (CYPD):

Calendar Year Pharmacy Deductible explained. A Calendar Year Pharmacy Deductible is the amount you pay each Calendar Year before Blue Shield pays for outpatient prescription Drugs under this Benefit.

If this Benefit has a Calendar Year Pharmacy Deductible, outpatient prescription Drugs subject to the Deductible are identified with a check mark (✓) in the Benefits chart above.

Any applicable Copayment, Coinsurance and CYPD you pay counts towards the Calendar Year Out-of-Pocket Maximum.

Outpatient prescription Drugs not subject to the Calendar Year Pharmacy Deductible. Some outpatient prescription Drugs received from Participating Pharmacies are paid by Blue Shield before you meet any Calendar Year Pharmacy Deductible. These outpatient prescription Drugs do not have a check mark (✓) next to them in the "CYPD applies" column in the Prescription Drug Benefits chart above.

2 Using Participating Pharmacies:

Participating Pharmacies have a contract to provide outpatient prescription Drugs to Members. When you obtain covered prescription Drugs from a Participating Pharmacy, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Pharmacy Deductible has been met.

Participating Pharmacies and Drug Formulary. You can find a Participating Pharmacy and the Drug Formulary by visiting www.blueshieldca.com/pharmacy.

Non-Participating Pharmacies. Drugs from Non-Participating Pharmacies are not covered except in emergency situations.

3 Outpatient Prescription Drug Coverage:

Medicare Part D-creditable coverage-

This 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 prescription Drug coverage is creditable, you do not have to enroll in Medicare Part D while you maintain this coverage; however, you should be aware that if you do not enroll in Medicare Part D within 63 days following termination of this coverage, you could be subject to Medicare Part D premium penalties.

4 Outpatient Prescription Drug Coverage:

Brand Drug coverage when a Generic Drug is available. If you select a Brand Drug when a Generic Drug equivalent is available, you are responsible for the difference between the cost to Blue Shield for the Brand Drug and its Generic Drug equivalent plus the Tier 1 Copayment or Coinsurance. This difference in cost will not count towards any Calendar Year Pharmacy Deductible, medical Deductible, or the Calendar Year Out-of-Pocket Maximum. If your Physician or Health Care Provider prescribes a Brand Drug and indicates that a Generic Drug equivalent should not be substituted, you pay your applicable tier Copayment or Coinsurance. If your Physician or Health Care Provider does not indicate that a Generic Drug equivalent should not be substituted, you may request a Medical Necessity Review. If approved, the Brand Drug will be covered at the applicable Drug tier Copayment or Coinsurance.

Short-Cycle Specialty Drug program. This program allows initial prescriptions for select Specialty Drugs to be filled for a 15-day supply with your approval. When this occurs, the Copayment or Coinsurance will be pro-rated.

Specialty Drugs. Specialty Drugs are only available from a Network Specialty Pharmacy, up to a 30-day supply.

Oral Anticancer Drugs. You pay up to \$250 for oral Anticancer Drugs from a Participating Pharmacy, up to a 30-day supply. Oral Anticancer Drugs from a Participating Pharmacy are not subject to any Deductible.

Mail service Drugs. You pay the applicable 30-day retail pharmacy Copayment or Coinsurance for a 30-day supply or less from the mail service pharmacy.

Benefit designs may be modified to ensure compliance with State and Federal requirements.

PENDING REGULATORY APPROVAL