



**MedicareRX Premier
MRxPr3 (mod.)
Low Option HMO Plan**

Rx Benefits

| Covered Services (outpatient prescriptions only) | Per Member Copay for Each Prescription or Refill |
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| Annual Out-of-Pocket Maximums After a member reaches the prescription drug out-of-pocket maximum, the member no longer pays prescription drug copays for the remainder of the year. | \$3,600/member/year |
| Retail Pharmacy¹ <ul style="list-style-type: none"> ➤ Generic drugs ➤ Brand name formulary drugs ➤ Brand name non-formulary drugs² | \$10 \$25 \$40 |
| Mail Service <ul style="list-style-type: none"> ➤ Generic drugs ➤ Brand name formulary drugs ➤ Brand name non-formulary drugs² | \$20 \$50 \$80 |
| Non-participating Pharmacies | <i>Member pays the above copay plus any amounts exceeding the Medicare allowed amount.</i> |
| Supply Limits³ <ul style="list-style-type: none"> ➤ Retail Pharmacy ➤ Mail Service | 90-day supply ¹ ; 60-day supply for federally classified (<i>participating and non-participating</i>) Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies) 90-day supply |
| <p>¹ If a member requests the same supply limit as the mail order drugs from certain retail pharmacies, the member will pay a copay for each 30-day supply.</p> <p>² When the member's physician has specified "dispense as written" (DAW) for non-formulary drugs, the copay for brand name formulary drugs will apply. When the member's physician has not specified DAW for non-formulary drugs, the higher copay will apply.</p> <p>³ Supply limits for certain drugs may be different. Please refer to the Evidence of Coverage and Disclosure form (EOC) for complete information.</p> | |

MedicareRX Premier Plan 2 – Continued

The Prescription Drug Benefit covers the following:

- Outpatient prescription drugs and medications. Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to the copay for brand name drugs.
 - Insulin
 - Syringes when dispensed for use with insulin and other self-injectable drugs or medications
 - Prescription oral contraceptives; contraceptive diaphragms. Contraceptive diaphragms are limited to one per year and are subject to the brand name copay.
 - Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member. Drugs that have Food and Drug Administration (FDA) labeling for self-administration
 - All compound prescription drugs that contain at least one covered prescription ingredient
 - Diabetic supplies (i.e., test strips and lancets)
 - Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
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MedicareRX Premier Plan -- Exclusions & Limitations

Immunizing agents, biological sera, blood, blood products or blood plasma

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications

Drugs & medications used to induce spontaneous & non-spontaneous abortions

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices

Professional charges in connection with administering, injecting or dispensing drugs

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC

Services or supplies for which the member is not charged
Oxygen

Cosmetics and health or beauty aids

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs. Drugs or medications prescribed for experimental indications

Any expense for a drug or medication incurred in excess of (a) the Medicare allowed amount for drugs dispensed by non-participating pharmacies; or (b) the prescription drug negotiated rate for drugs dispensed by participating pharmacies or through the mail service program

Drugs which have not been approved for general use by the State of California Department of Health or the Food and Drug Administration

Smoking cessation drugs

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles)

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin)

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants)

Drugs obtained outside the U.S.

Allergy desensitization products or allergy serum

Infusion drugs, except drugs that are self-administered subcutaneously

Herbal supplements, nutritional and dietary supplements except for formulas for the treatment of phenylketonuria.

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin.

Certain drugs or classes of drugs cannot be Medicare Part D drugs because they are excluded by law. These include:

- (1) drugs when used for anorexia, weight loss, or weight gain;
- (2) drugs when used to promote fertility;
- (3) drugs when used for cosmetic purposes or hair growth;
- (4) drugs when used for the symptomatic relief of cough and colds;
- (5) prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations;
- (6) nonprescription drugs;
- (7) outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale;
- (8) barbiturates; and
- (9) benzodiazepines.

In addition, a drug cannot be covered under Part D of Medicare if payment for that drug, as it is prescribed and dispensed or administered to an individual, is available under Parts A or B of Medicare.

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

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Important Note: Anthem Insurance Companies, Inc. (AICI) is the legal entity under contract with the Centers for Medicare and Medicaid Services (CMS) authorized to offer the applicable Medicare Prescription Drug (Part D) plans and services in this region. AICI is the legal entity licensed under applicable state law or under a federal waiver program that is authorized to offer these Part D plans. Anthem Blue Cross provides administrative services for AICI's Blue MedicareRx plans.