



California Schools Employee
Benefits Association (CSEBA)
Effective July 1, 2020
HMO/POS

Outpatient Prescription Drug Rider

Trio HMO Basic Rx \$5/25/25 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 *Per Member* \$0

Prescription Drug Benefits^{3,4}

Your payment

When using a Participating Pharmacy²

CYPD¹ applies

Retail pharmacy prescription Drugs

Per prescription, up to a 30-day supply.

Contraceptive Drugs and devices

\$0

Tier 1 Drugs

\$5/prescription

Tier 2 Drugs

\$25/prescription

Tier 3 Drugs

Not covered

Tier 4 Drugs (excluding Specialty Drugs)

\$25/prescription

Mail service pharmacy prescription Drugs

Per prescription, up to a 90-day supply.

Contraceptive Drugs and devices

\$0

Tier 1 Drugs

\$10/prescription

Tier 2 Drugs

\$50/prescription

Tier 3 Drugs

Not covered

Tier 4 Drugs (excluding Specialty Drugs)

\$50/prescription

Network Specialty Pharmacy Drugs

Per prescription, up to a 30-day supply.

Prescription Drug Benefits^{3,4}

Your payment

	When using a Participating Pharmacy ²	CYPD ¹ applies
Tier 4 Specialty Drugs	\$25/prescription	
Oral anticancer Drugs <i>Per prescription, up to a 30-day supply.</i>	\$25/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.

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/wellness/drugs/formulary#heading2.

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

Notes

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.

Tier 3 Drugs. All tier 3 Drugs require prior authorization. If prior authorization is approved, you pay your applicable Tier 2 Copayment or Coinsurance.

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

PB033020