

Your Prescription Drug Benefits

Pharmacy network

Anthem's prescription drug program manages more than 400 million prescriptions each year. With a broad retail pharmacy network, home delivery and a specialty unit that dispenses high-cost, biotech therapies, our comprehensive approach helps you manage your pharmacy benefits.

Some members have a tiered drug list/formulary, or list of covered medications, which assigns drugs to specific tiers based on cost. Tier 1 drugs have the most affordable copay. Tier 2 drugs cost slightly more, and Tier 3 drugs have the highest copay amounts.

Your Prescription Drug 8-15-30 Plan	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay
Up to a 30-day medication supply at participating retail pharmacies	\$8	\$15	\$30
Up to a 90-day medication supply delivered to your home	\$8	\$30	\$90

Retail pharmacies

Our retail pharmacy network includes more than 62,000 pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are – at home, work or even on vacation. To find out if your pharmacy participates in our network, contact Customer Care at the phone number listed on your member ID card. Or, visit anthem.com for a list of participating pharmacies.

Most plans allow you to get up to a 30-day supply of covered medications at a retail pharmacy.

Simply show your ID card at the pharmacy and pay the appropriate copay. You'll get the most from your benefits by using a participating retail pharmacy. Choosing a non-network pharmacy means you'll pay the full cost of the prescription. Then, you must submit a claim form to our pharmacy program for reimbursement, based on your benefit.

Home delivery pharmacy

Home delivery is for people who take medications on an ongoing basis. Our preferred home delivery pharmacy, operated by Express Scripts, delivers the medications you need, right to your door. You can easily refill home delivery prescriptions by phone, fax, mail or online. And, view benefit information 24/7 at anthem.com.

As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Personal prescription counseling
- Direct access to licensed pharmacists
- Our 99.99 percent accuracy rate plus multiple safety checks by licensed pharmacists
- Experienced Customer Care associates to answer benefit questions

Switch and save

Plus, you may even save money. Here's an example:

If you have a \$20 copay:

- Pay \$60 for a 90-day supply at a retail pharmacy.
- Pay \$40 for the same 90-day supply, using home delivery.

Your Prescription Drug Benefits

- The savings can really add up, especially if you're taking multiple medications. Plus, we dispense money-saving generic medications unless you or your doctor request otherwise.

Getting started with home delivery

Switching to home delivery is simple. Choose from one of the following methods:

- **By phone:** Call **866-281-4279**, Monday through Friday, 8:30 a.m. to 8 p.m., Eastern time, to get your free cost-savings estimate. You'll find out how much your prescription will cost and how much you'll save. *Be sure to have the following information handy:* prescription information, doctor's name, phone number, medication names/strengths and credit card information (including cardholder name, account number and expiration date).
- **By mail:** To get an order form, call the Customer Care number on your member ID card. Or, download a form from **anthem.com**. Print the form and mail your completed order form, original prescription and payment information to:

Home Delivery Pharmacy
PO Box 66785
St. Louis MO 63166-6785

- **By fax:** Have your doctor fax your prescription information to 800-600-8105. The prescription must be faxed directly from your doctor's office. If there is a question about your prescription(s), we'll contact your doctor.

Ordering home delivery refills

With home delivery, you don't have to worry about running out of medication. That's because we'll call to let you know when you're running low. You can easily reorder by phone, online or by mail:

- **By phone:** Have your prescription label and credit card ready. Call **866-281-4279** and select the "Automated Refill Order Line" option from the menu, or press zero at any time to speak to a care coordinator. If you are speech or hearing impaired, call **800-899-2114**. Follow the prompts to place your order.
- **Online:** Go to **anthem.com**, log in and click on the Refill a Prescription link.
- **By mail:** Complete an order form you received with a previous order. Affix your label or write the prescription refill number in the area provided. Mail the order form with the proper payment to:

Home Delivery Pharmacy
PO Box 66785
St. Louis MO 63166-6785

Specialty Pharmacy

Specialty medications are the fastest growing segment of U.S. drug spending today. These breakthrough biotech drugs are revolutionizing care for people with these medication needs. CuraScript, the Express Scripts specialty pharmacy, offers a robust, personalized support program for people with chronic and complex conditions. These conditions may include, but aren't limited to:

- Asthma
- Cancer
- Crohn's Disease
- Gaucher's Disease

Your Prescription Drug Benefits

- Hemophilia
- Hepatitis C
- HIV/AIDS
- Infertility
- Multiple sclerosis
- Primary immune deficiency
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Patient care advocates, registered nurses and clinical pharmacists work together to provide disease-specific care management. They'll coordinate specialty pharmacy activities to help improve the quality and cost of care. And, they'll do everything they can to help you achieve the best possible outcomes from your treatments.

Ordering specialty medications

You can order specialty medications by phone or fax:

- **By phone:** Call **800-870-6419** to verify your information. Patient care advocates are available Monday through Friday, 8 a.m. to 10 p.m., Eastern time.
- **By fax:** You can have your doctor fax your prescription(s) and a copy of your ID card to **800-824-2642**.

Drug list/formulary

Anthem's drug list/formulary is a list of brand and generic medications that are approved by the U.S. Food and Drug Administration (FDA) and covered by your plan. We're committed to providing you with access to quality medications at a price you can afford. Through detailed research, we find drugs with the highest success rates that also help lower the cost of care.

Our Pharmacy and Therapeutics (P&T) Committee then reviews and selects these medications for their safety, effectiveness and value. The P&T Committee includes a large group of doctors and pharmacists who are not employees of Anthem Blue Cross and Blue Shield. This group and other professionals are responsible for the decisions surrounding our drug list/formulary.

Medications on the drug list/formulary are subject to periodic review. To view the current list, visit **anthem.com**. Click on Customer Care in the top-right corner. Select your state, then click on Download Forms. You'll find the drug list in the Forms Library. You can also call the phone number on your member ID card to check a specific drug.

Generic medications

Our drug list/formulary includes money-saving generics, as well as brand medications. By choosing a generic, you get the same effect as the brand drug – but normally at a lower cost.

Generic and brand drugs have the same active ingredient, strength and dose. The FDA requires generics to meet the same high standards for purity, quality, safety and strength.

Even though the active ingredient of a generic is identical to its brand counterpart, manufacturers may use different inactive ingredients. This could affect the color, shape and size. But because generics must meet the same FDA standards as brand drugs, you can feel confident the generic is just as safe and effective. Ask your doctor if a generic is right for you.

Your Prescription Drug Benefits

Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need our review and approval before they're covered. This process, called prior authorization, helps ensure drugs are used as recommended by the FDA. Prior authorization focuses mainly on drugs that may have:

- Risk of serious side effects or dangerous drug interactions
- High potential for incorrect use or abuse
- Better alternatives that may cost you less
- Restrictions for use with very specific conditions

If your doctor prescribes a drug that requires prior authorization, we'll send an electronic notice to your pharmacy. This lets the pharmacist know that additional health information is needed for review. By monitoring the use of certain drugs, prior authorization helps keep you safe and make your medications affordable. To check if your medication requires prior authorization, visit **anthem.com** or call the number on your member ID card.

HealthKeepers, Inc. receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem members. These credits are retained by Anthem as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.

This benefits overview insert is only one piece of your entire enrollment package. See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

HealthKeepers, Inc. believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to HealthKeepers, Inc. at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.