

Alhambra Unified School District

Outpatient Prescription Drug Coverage (For groups of 51 and above)

Highlight: 2-Tier/Open Formulary

No Calendar-Year Brand-Name Drug Deductible
\$10 Generic/\$10 Formulary Brand-Name – Retail Pharmacy

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**	Participating Pharmacy	Non-Participating Pharmacy
(Includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)	(For up to a 90-day supply)	(For up to 90-day supply) Member pays 25% of Allowed Charge plus a copayment of:
<ul style="list-style-type: none"> • Generic drugs • Brand name drugs 	\$10/prescription \$10/prescription	\$10/prescription \$10/prescription

* The Drug Formulary includes all generic drugs and many brand drugs. If a member requests a brand name drug when a generic drug is available, the member pays the formulary brand copayment plus the difference between brand and generic drug cost. .

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 *Evidence of Coverage*, the *Disclosure Form* and the Group Health Service Contract for exact terms and conditions of coverage.

Note: This health plan's prescription drug coverage is equivalent or better than the standard benefit set by the federal government for Medicare Part D (also called "creditable" coverage.)

Important prescription drug information

- You can find details about your drug coverage three ways:
1. Check your *Evidence of Coverage*.
 2. Go to **mylifepath.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 **mylifepath.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 drugs with generic equivalents;
- Look up drugs that require prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

Benefits are subject to modification for subsequently enacted state or federal legislation. Please note that if you switch to another Blue Shield of California or Blue Shield of California Life & Health Insurance Company plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to your new plan.

