Suffolk Public Schools
Your prescription drug plan

For the KC HDHP with HSA Plan Only: You have an overall plan deductible of $3,400 per person/$6,800 per family. This deductible applies to all covered medical services and prescription drugs on all tiers. Your deductible amount begins anew each calendar year. After you meet your deductible, the appropriate copayments are shown in the chart below for each prescription.

All other plans: The annual deductible does not apply to your pharmacy benefit. The appropriate copayments are shown in the chart below for each prescription.

Your Prescription Drug Plan at SPS OnSite Pharmacy	**Tier 1 Copay**	**Tier 2 Copay**	**Tier 3 Copay**	**Tier 4 Copay**
Up to a **30-day** medication supply	$3	$20	The greater of $35 or 10% coinsurance with a $100 prescription maximum	The greater of $35 or 10% coinsurance with a $100 prescription maximum*
Up to a **90-day** medication supply **retail or home delivery**	$6	$30	The greater of $45 or 10% coinsurance with a $300 prescription maximum	Not Covered
Your Prescription Drug Plan RxChoice Tiered Network*	**Tier 1 Copay**	**Tier 2 Copay**	**Tier 3 Copay**	**Tier 4 Copay**
Up to a 30-day medication supply at **LEVEL 1** participating pharmacies	$20	$50	The greater of $70 or 20% coinsurance with a $200 prescription maximum	The greater of $70 or 20% coinsurance with a $200 prescription maximum
Up to a 30-day medication supply at **All Other** participating pharmacies	$30	$60	The greater of $80 or 20% coinsurance with a $200 prescription maximum	The greater of $80 or 20% coinsurance with a $200 prescription maximum
Your Prescription Drug Plan Home Delivery	**Tier 1 Copay**	**Tier 2 Copay**	**Tier 3 Copay**	**Tier 4 Copay**
Up to a 90-day medication supply delivered to your home	$60	$150	The greater of $220 or 20% coinsurance with a $600 prescription maximum	Not Covered
◦*Most specialty medications are limited to up a 30 day supply regardless of whether they are retail or mail.*				

Under the Affordable Care Act, prescription, medical and behavioral costs all count toward one combined out of pocket maximum. Please refer to the benefit summary included with your enrollment brochure for the out-of-pocket maximum established for your medical and pharmacy benefit.

RxChoice Tiered Pharmacy Network*

In the RxChoice Tiered Network there are two levels of coverage. There are nearly 25,000 Level 1 pharmacies inculing the major chains, CVS, Target, Walmart, Kroger and Safeway. Level 2 offers more pharmacy choices, but you will pay a little more when utilizing those pharmacies. Level 2 major chains include Walgreens, Rite Aid and Giant Eagle. Whether you choose Level 1 or Level 2, the Rx Choice Tiered Network gives you many choices. Combined, the two levels include more than 70,000 pharmacies across the country.

To make sure your pharmacy's in our network, visit anthem.com, select Pharmacy Benefits, then select Find a Doctor which will take you to the list of providers, pharmacies and hospitals who participate in our network.

Your prescription drug plan (continued)

Home Delivery Pharmacy
Members needing maintenance medications also have the option to use our Home Delivery Pharmacy service. Our preferred Home Delivery Pharmacy, managed by CarelonRx, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- 90-day maintenance medications for less cost than if you purchased them at a retail location
- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

Ordering refills
With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online.

Specialty Pharmacy
Anthem's CarelonRx specialty pharmacy, provides support and medicine for people with complex, long-term conditions. Most specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail (Transplant and HIV/AIDS medications are covered up to a 90 day supply). They include (but are not limited to):

- Asthma
- Bleeding Disorders
- Cancer
- Cystic Fibrosis
- Crohn's Disease
- Growth Hormone
- Hepatitis
- HIV/AIDS
- Iron Overload
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Drug list
Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs. We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit **anthem.com**. Click on "Customer Care" in the top-right corner. Select your state, then click "Download Forms."You'll find the Drug List on this page. If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

Preferred Generics
If you're taking a brand name drug, you could save money by switching to an effective, lower cost generic drug. Your plan covers both brand and generic (or non-brand) drugs. When you choose a generic, you'll get the effectiveness of a brand drug – but usually at a lower cost.

Prescription drugs will always be dispensed as ordered by your physician. If you or your doctor requests a brand name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

Prior authorization
Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less

Your prescription drug plan (continued)

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

Step Therapy
Step Therapy may be required for certain drugs. Step Therapy refers to the process in which you may be required to use one type of medication before benefits are available for another. Step Therapy helps you and your doctor chose drugs that are safe, affordable and right for you. When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy. This lets the pharmacist know you must first try a different, similar drug that's covered by your plan. The pharmacist will call your doctor to get a prescription for the new drug.

Quantity Limit
Taking too much medicine or using it too often isn't safe. And it may even drive up your health care costs. That's why your plan may limit the amount of medicine that's covered for a certain length of time. For example, a drug may have a limit of 30 pills per 30 days. If you refill a prescription too soon or your doctor prescribes an amount that's higher than usual, your pharmacist will tell you.

Anthem Blue Cross and its affiliate, HealthKeepers, Inc., receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem Blue Cross and Blue Shield and Anthem HealthKeepers members. These credits are retained by Anthem Blue Cross and Blue Shield and HealthKeepers, Inc. 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.

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliates, HealthKeepers, Inc., are independent licensees of the Blue Cross and Blue Shield Association.®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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.

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.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.