$10 Copayment Tier 1 Drugs
$25 Copayment Tier 2 Drugs
$40 Copayment Tier 3 Drugs
Unlimited Annual Maximum

### Description of Benefits

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>You Pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Tier 1 drugs have the lowest copayment. This tier will generally include Generic Prescription Drugs.</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Tier 2 drugs will have a higher copayment than those in Tier 1. This tier will generally include Brand Name Prescription Drugs. Tier 2 may contain preferred medications that are generic, single-source, or multi-source brand drugs.</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Tier 3 drugs will have a higher copayment than those on Tier 2. This tier will generally include non-preferred and high cost medications. These medications may be generic, single-source, or multi-source brand drugs.</td>
<td>$40</td>
</tr>
</tbody>
</table>

### Plan Pays:

| Annual Maximum | Per member per calendar year | Unlimited |

### How to Use the Generic Premium 3-Tier Prescription Drug Program

The Generic Premium 3-Tier Prescription Drug Program incorporates different levels of copayments for three types of prescription drugs as defined in the chart above. The formulary lists generics and brand-name drugs that have been selected for their quality, safety and cost-effectiveness. Generic Premium includes most prescription generic medications plus, typically, one or two brand-name prescription drugs in a therapeutic class. These preferred drugs may have lower member copayments than non-preferred drugs (but may not have a lower overall cost in all instances). You may minimize your copayments when you use preferred generic prescriptions and preferred brand-name prescriptions. **Talk to your provider** about using preferred generic drugs or preferred brand-name drugs included on the formulary. You may have lower copayments when you use these drugs.

- You will be responsible for **one** copayment when purchasing a **30-day supply** of prescription drugs from a participating retail pharmacy.
- You’ll be responsible for **one or two** copayments when purchasing a **31-day to 90-day supply** of maintenance drugs through the mail-order program.

### Generic Substitution: Prescriptions may be filled with the generic equivalent when available.

- When you purchase a preferred generic drug at a participating pharmacy, you’ll only be responsible for a Tier 1 copayment.
- When a generic equivalent is available and you obtain a preferred or non-preferred brand-name drug, you will be responsible for the Tier 1 copayment *plus* the difference in cost between the generic and preferred or non-preferred brand-name drug.

### Connection (Concurrent Drug Utilization Review)

Connection works with the retail pharmacy’s standard guidelines to provide a **second level of quality and safety checks**. The process, which is provided on-line as part of the electronic claims filing process, helps promote access to safe, appropriate, cost-effective medications for members. Connection involves a series of rules or guidelines, which identify potential medication therapy issues and deliver a message to the pharmacy by computer before the medication is dispensed. The process alerts the pharmacist of potential issues such as drug-to-drug interactions, refills requested too close together, incorrect dosing or drug duplications.

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Pharmacy Programs

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.

The $10 Tier 1 / $25 Tier 2 / $40 Tier 3 copayment and unlimited annual maximum apply. When ordering a **31-day to 90-day supply**, copayments will apply, as follows: $10 Tier 1 /$50 Tier 2 / $80 Tier 3.

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.

Emergencies Outside the Service Area – Non-participating Pharmacies
The Plan will make payments for prescription drugs dispensed at a non-participating pharmacy outside of the service area; however, payment will be made only for treatment of an accident or emergency illness incurred outside of the service area, subject to approval by the Plan. Members must submit an itemized sales slip to the Plan for reimbursement within 120 days from the date of purchase.

Points to Remember
- Anthem Blue Cross and Blue Shield will provide coverage for prescription drugs dispensed by a participating pharmacy when prescription drugs are deemed medically necessary based on specific criteria and dispensed pursuant to a prescription issued by a participating physician or by a non-participating physician, subject to copayment.
- Anthem Blue Cross and Blue Shield will not be liable for any injury, claim or judgment resulting from the dispensing of any drug covered by this plan. Anthem Blue Cross and Blue Shield will not provide benefits for any drug prescribed or dispensed in a manner contrary to normal medical practice.
- Anthem Blue Cross and Blue Shield reserves the right to apply quantity limits to specified drugs as listed on the formulary. If a member requires a greater supply, the member’s provider can follow the prior authorization process.

Prescription Drug Eligibility
Eligible prescription drug benefits are limited to injectable insulin and those drugs, biologicals, and compounded prescriptions that are required to be dispensed only according to a written prescription, and included in the United States Pharmacopoeia, National Formulary, or Accepted Dental Remedies and New Drugs, and which, by law, are required to bear the legend: “Caution—Federal Law prohibits dispensing without a prescription” or which are specifically approved by the Plan.

Limits and Exclusions
Benefits are limited to no more than a **30-day supply** for covered drugs purchased at a retail pharmacy, and no more than a **90-day supply** for covered drugs purchased by mail order. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.

This drug rider does not provide drugs dispensed by other than a licensed, retail pharmacy or our mail-order service; any drug not required for the treatment or prevention of illness or injury; vaccines or allergic extracts; devices and appliances; needles and syringes that are not prescribed by a provider for the administration of a covered drug; prescriptions dispensed in a hospital or skilled nursing facility; over-the-counter or non-legend drugs; antibacterial soaps/detergents, shampoos, toothpastes/gels and mouthwashes/rinse.

Benefits for prescription birth control are covered for most groups. However, such coverage is optional if your group is self-insured or a bona fide religious organization. Check with your benefits administrator.

This is not a legal contract. It is only a general description of the Generic Premium $10 Tier 1 / $25 Tier 2 / $40 Tier 3 3-Tier Prescription Drug Program with an unlimited annual maximum. Please consult the subscriber agreement or prescription drug rider for a complete description of benefits and exclusions applicable to your coverage.

Generic Premium 3-Tier Prescription Drug Program
BlueCare 10/25/40

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