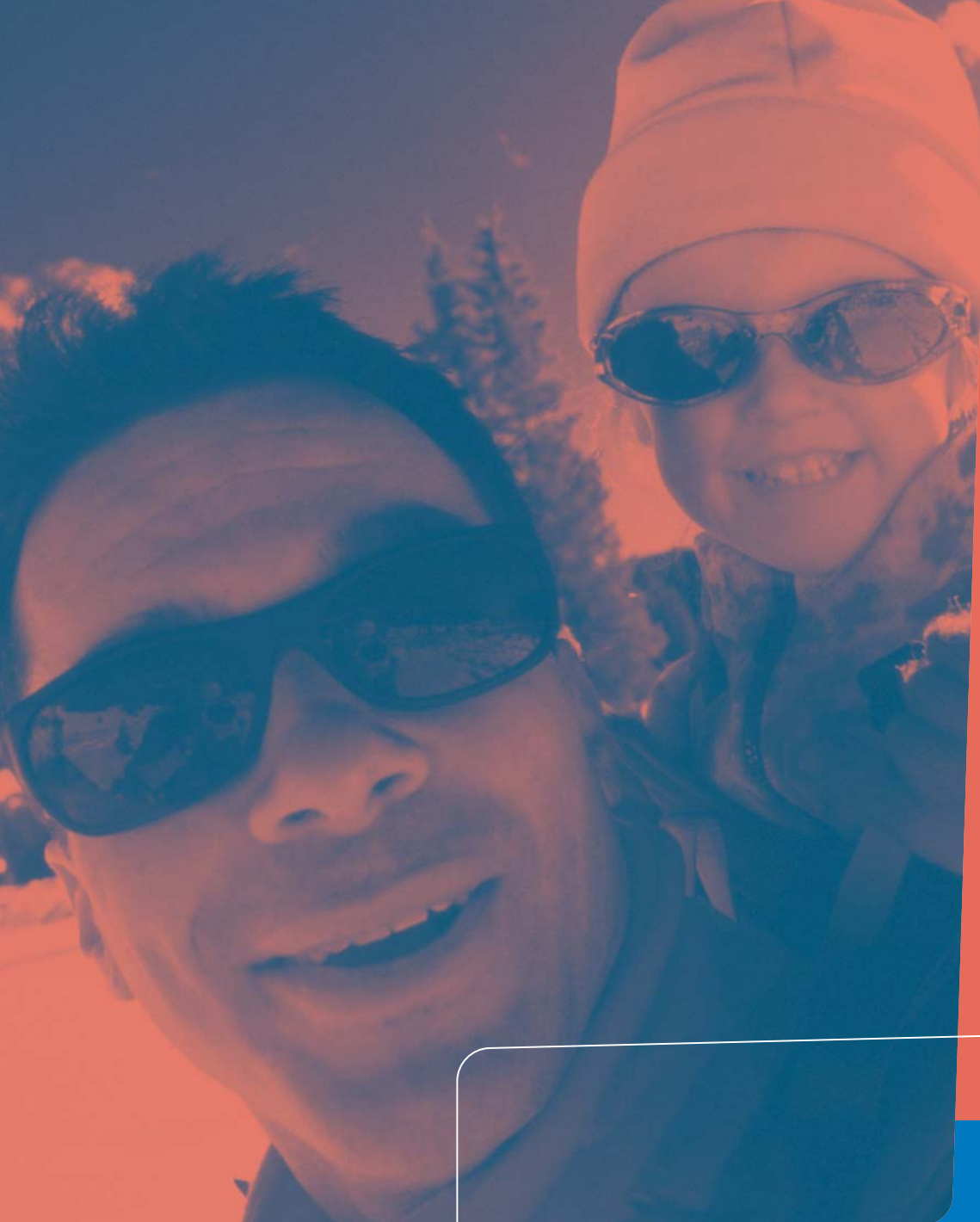




Anthem HealthKeepers



Your Prescription Drug 8-15-30 Plan

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Prescription coverage that's easier for you to use. And, how about reducing how much you pay for your prescriptions? These are important to you—and—we're helping to make things better.

But talk is cheap. Prescriptions aren't. Just look at how easy your plan is to use and the ways we're helping you save.

Your three-tier plan design

You've seen that prescription drugs come in all shapes and sizes. You probably also know they vary in cost.

Prescription drugs are divided into three categories called tiers. Depending on which tier a prescribed drug falls into—that affects how much you pay.

Tier 1 – Drugs with the lowest copayment. These are usually generic drugs. Generics contain the same active ingredients as brand drugs. They simply cost less.

Tier 2 – You'll pay a moderate copayment with these drugs. These are usually brand-name medications that are safe and effective for most people and offer a better value than some other brand-name drugs on the market.

Tier 3 – These are the drugs that are going to cost you the most. These are often brand-name drugs that are higher in cost than therapeutically equivalent drugs on lower tiers. Sometimes these are drugs that don't have a therapeutic equivalent, but are determined to be third tier solely based on cost.

The HMO has sole discretion in assigning drugs to tiers and also reserves the right within its sole discretion to move any prescription drug from one tier to another.

Ways to get your prescriptions. It's simply up to you!

You can receive prescriptions in one of the following ways.

Visit a pharmacy

Visit a participating pharmacy and your Anthem HealthKeepers identification card is all you need to get benefits for your outpatient prescription drugs. With your card you can receive up to a 31-day supply of medication or a 100-unit supply, whichever is less, from any participating retail pharmacy. Thousands of pharmacies participate in Virginia, including most major chains. To find participating pharmacies near you:

- Go to anthem.com and select ProviderFinder, which allows you to locate nearby pharmacies; or
- Call Anthem HealthKeepers Member Services (as listed on your ID card).

Get home delivery

With WellPoint NextRx[®], our mail order pharmacy, you can receive up to a 90-day supply of your maintenance medications (such as a medication for high blood pressure or high cholesterol), and your prescription is delivered directly to your home. WellPoint NextRx mail order is easy to use and you'll receive simple, step-by-step instructions once you are enrolled.

Your source for specialty drugs

Specialty drugs are high-cost biotech drugs usually injected or infused and used for the treatment of acute or chronic disease. Often, these drugs require special handling such as temperature-controlled packaging and overnight delivery. Your WellPoint Specialty network will fill both mail order and retail (when available) prescriptions. With WellPoint Specialty, you get the convenience of a full-service pharmacy dedicated to improving healthy outcomes.

WellPoint NextRx is a Registered Mark of WellPoint, Inc. Services are provided by a WellPoint PBM (either Professional Claim Services Inc., doing business as WellPoint Pharmacy Management, or Anthem Prescription Management, LLC, as appropriate).

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See the chart below for how much you'll pay by drug tier category.

For medications you need when you are not in the hospital, you can receive...	Tier 1 Your Copayment	Tier 2 Your Copayment	Tier 3 Your Copayment
Up to a 31-day medication supply or a 100-unit supply, whichever is less, from participating retail pharmacies	\$8	\$15	\$30
Up to a 90-day medication supply delivered to your home	\$16	\$30	\$60

Preparing to talk to your doctor is important, and you may want to have a list of the most commonly used drugs by tier to bring with you to your appointment. Simply visit anthem.com to download our list of the most commonly used prescription drugs.

Get a little extra care from our participating pharmacies

Every time you have a prescription filled at a participating pharmacy, your pharmacist helps safeguard your health with an automatic drug-to-drug interaction check. This confidential comparison between the prescription you've requested and prescriptions you've had filled at other participating pharmacies can help avoid unsafe interactions.

It's a special feature available only when you visit participating pharmacies.

Trust your generics

If you've ever wondered if generic drugs are just as good as brands, rest assured—they are. The standards set by the U.S. Food and Drug Administration (FDA) require that the active ingredients in generic drugs be chemically identical to their brand-name counterparts and equal in safety, strength, and effectiveness.

Your prescription drug copayments are designed so that you'll pay less out-of-pocket when your prescriptions are filled with generic drugs. So for less money, you get an equally effective medication. Sounds good, right?

Participating pharmacies will always dispense a generic drug if a generic drug is available. If you or your doctor requests a brand-name drug when a generic is available, you will pay your usual copayment for the brand-name drug plus the difference in price between the brand and the generic drug.

The ins and outs of coverage

By now you should have a good understanding of how your prescription benefits work.

It's also important that you take the time to read this section. While your prescription drug plan covers nearly all prescription medications, certain medications require advance approval, a select few require approval if certain amounts are prescribed, and some may not be covered.

What's covered

That's easy. Except for those drugs listed in the next section, prescription drugs that are considered necessary to treat your medical condition are covered.

For example, if you have diabetes, your home blood glucose monitors, lancets, and blood glucose test strips are covered.

In addition, compound medications (as long as at least one ingredient is a prescription drug), growth hormones, and syringes and needles for prescription injections are covered.

If you are prescribed birth control: diaphragms, birth control pills, and other FDA-approved prescription contraception are covered.

What's not covered

Your health care coverage is designed to cover most, but not all services. The following list of services and supplies will not be covered by your prescription drug benefit:

- over-the-counter drugs;
- any per unit, per month quantity over the specified limit;
- drugs prescribed primarily for a cosmetic purpose;
- drugs that are experimental, investigational, or not approved by the FDA;
- cost of medicine that exceeds the allowable charge for that prescription;
- drugs for weight loss;
- therapeutic devices or appliances;
- injectable prescription drugs that are supplied by a provider other than a pharmacy;
- charges to inject or administer drugs;
- drugs not dispensed by a licensed pharmacy;
- drugs not prescribed by a licensed provider;
- any refill dispensed after one year from the date of the original prescription order;
- stop smoking aids;
- infertility medications;
- medications used to treat sexual dysfunction; and
- medicine covered by workers' compensation, Occupational Disease Law, state or government agencies, or medicine furnished by any other drug or medical service.

About your costs

Your Anthem HealthKeepers health coverage includes a feature that limits the amount you have to pay each year in copayments. The expenses you pay for prescription drugs do not count toward that limit.

Your per-prescription costs—including copayments and any additional costs you pay if you request a brand-name drug—cannot be waived even if you meet your annual copayment maximum.



Anthem HealthKeepers

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

This benefit overview insert is only one piece of your entire enrollment package. Exclusions are listed in the enrollment brochure.

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