This Drug Summary is intended to be used with the Access+ HMO or Added Advantage POS plans Uniform Health Plan Benefits and Coverage Matrix. The Evidence of Coverage, Disclosure Form and Plan Contract should be consulted for a detailed description of coverage benefits and limitations.

Blue Shield of California

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

Highlight: 3-Tier/Incentive Formulary
No Calendar-Year Brand-Name Drug Deductible
$5 Generic/$10 Formulary Brand-Name/$25 Non-Formulary Brand-Name Drugs - Retail Pharmacy
$10 Generic/$20 Formulary Brand-Name/$50 Non-Formulary Brand-Name Drugs - Mail Service

Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)</td>
<td></td>
</tr>
<tr>
<td>Calendar-year brand-name drug deductible</td>
<td></td>
</tr>
<tr>
<td>PRESCRIPTION DRUG COVERAGE¹,² (Includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)</td>
<td>Participating Pharmacy</td>
</tr>
<tr>
<td>Generic drugs</td>
<td>None</td>
</tr>
<tr>
<td>Formulary brand-name drugs</td>
<td>None</td>
</tr>
<tr>
<td>Non-formulary brand-name drugs</td>
<td>None</td>
</tr>
<tr>
<td>Home self-administered injectable medications</td>
<td>None</td>
</tr>
<tr>
<td>(May require prior authorization from Blue Shield Pharmacy Services)</td>
<td></td>
</tr>
</tbody>
</table>

¹ 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 and the Plan Contract for exact terms and conditions of coverage.

² If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network. Drugs obtained from a Non-Specialty Pharmacy Network are not covered, unless Medically Necessary for a covered emergency.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your Evidence of Coverage.
2. Go to blueshieldca.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 blueshieldca.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.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

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