



University of California Student Health Insurance Plan (UC SHIP) Student Prescription Drug Benefits

Rx Benefits

PLEASE NOTE: *The following represents a summary only. Please refer to your Benefit Booklet which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to the pharmacist at your Student Health Service or a participating pharmacy and present your member ID card.

The amount you pay for a covered prescription – your copay – will be determined by whether the drug is a brand-name or generic medication and, if you obtain your medication at a retail pharmacy, whether it is a formulary or non-formulary medication.

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication.

If you obtain your medication at a retail pharmacy (off-campus), the pharmacists will determine if your medication is included in the Anthem formulary. The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of the formulary are furnished to your providers and are available online at www.ucop.edu/ucship under the Pharmacy section. The following chart summarizes the relation between drug type and your copay amount at a participating retail pharmacy:

Drug Type	Copay Amount
Generic	\$5.00
Brand name formulary	\$25.00
Brand name non-formulary	\$40.00

Finding a Participating Pharmacy

A pharmacy is conveniently located on campus at the Student Health Services. You can find a list of participating retail pharmacies off-campus by going to the web site at www.ucop.edu/ucship.

Using a Student Health Service or Participating Pharmacy

You can substantially control the cost of your prescription drugs by filling your prescription on campus or by using our extensive network of participating pharmacies. Participating pharmacies have agreed to charge a discounted price or "negotiated rate" and pass along this savings to you.

Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. The pharmacist must sign and

complete the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

Members who submit claims from non-participating pharmacies are reimbursed based on a **limited fee schedule**. The fee schedule may be considerably less than the cost of the medication. You are responsible for paying any difference.

You may obtain a prescription drug claim form at Student Health Services, by calling Pharmacy Customer Service at the toll-free number printed on your member ID card, or by visiting the web site at www.ucop.edu/ucship.

Submitting a Claim Form

Check to see that all sections of the claim form are completed and mail to:

Anthem Blue Cross Prescription Drug Program
Claims Department
P.O. Box 66583
St. Louis, MO 63166-6583

Out-Of-State Prescription Benefits

Our national network of participating pharmacies is available to members when outside California. To find a participating pharmacy, a member can check our web site or call the toll-free number printed on the ID card. When using a non-participating pharmacy outside of California, the member will follow the same procedures for using a non-participating pharmacy in California as outlined above.

Programs for Members' Special Health Needs

We recognize that some of our members have unique health care needs requiring special attention. That's why we developed programs exclusively for them. Our additional medical management programs work in synergy with our pharmacy drug program to help members better manage their health care on an ongoing basis.

Diabetic members can receive **free glucometers** so that they can effectively and conveniently monitor their glucose levels.

Asthmatic members and their families can take advantage of our program to better control the frequency and severity of the disease.

Members who take multiple prescription medications can take advantage of our pharmacy utilization management programs that encourage the safe, effective distribution of prescription medications. We have a program that protects the welfare of members with multiple prescription medications by carefully monitoring their prescription therapy to help reduce the danger of toxic drug interaction.

Plan Year Maximum	\$10,000
Covered Services (outpatient prescriptions only)	Per Member Copay for Each Prescription or Refill
Student Health Service Pharmacy	
➤ Generic drugs	\$5 per 30-day supply
➤ Brand name drugs	\$25 per 30-day supply
Retail Pharmacy (per 30-day supply)	
➤ Generic drugs	\$5 per 30-day supply
➤ Brand name formulary drugs	\$25 per 30-day supply
➤ Brand name non-formulary drugs	\$40 per 30-day supply
➤ Compound Drugs	\$40 per 30-day supply
Non-participating Pharmacies <i>(compound drugs not covered at a retail pharmacy)</i>	<i>Member pays the above retail pharmacy copay plus: 40% of the remaining prescription drug covered expense & costs in excess of the maximum amount allowed</i>
Supply Limits¹	
➤ Retail Pharmacy (<i>participating and non-participating</i>)	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay

¹ Supply limits for certain drugs may be different. Please refer to the Benefit Booklet for complete information.

The Prescription Drug Benefit covers the following:

- Outpatient prescription drugs and medications which the law restricts to sale by prescription. Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to the copay for brand name drugs.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- Prescription oral contraceptives; contraceptive diaphragms. Contraceptive diaphragms are limited to one per year and are subject to the brand name copay.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member. Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for brand name drugs.
- Certain over-the-counter drugs approved by the Anthem Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

Prescription drug copays are separate from the medical copays of the medical plan and are not applied toward the Annual Out-of-Pocket Maximums under the Medical Plan.

Prescription Drug Exclusions

- Immunizing agents, biological sera, blood, blood products or blood plasma
- Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications
- Drugs & medications used to induce spontaneous & non-spontaneous abortions (except as allowed under the medical plan)
- Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices (except as allowed under the medical plan)
- Professional charges in connection with administering, injecting or dispensing drugs (except as allowed under the medical plan)
- Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.
- Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility (except as allowed under the medical plan).
- Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms (except as allowed under the medical plan)
- Services or supplies for which the member is not charged
- Oxygen
- Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the Benefit Booklet.
- Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs. Drugs or medications prescribed for experimental indications
- Any expense for a drug or medication incurred in excess of (a) the Drug Limited Fee Schedule for drugs dispensed by non-participating pharmacies; or (b) the prescription drug negotiated rate for drugs dispensed by participating pharmacies or through the mail service program
- Drugs which have not been approved for general use by the State of California Department of Health or the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.
- Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products. This does not apply to medically necessary drugs that the member can only get with a prescription under state and federal law.
- Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.
- Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another condition.
- Anorexiants and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants)
- Allergy desensitization products or allergy serum (except as allowed under the medical plan)
- Infusion drugs, except drugs that are self-administered subcutaneously (except as allowed under the medical plan)
- Herbal supplements, nutritional and dietary supplements except for formulas for the treatment of phenylketonuria.
- Sexual dysfunction medications.
- Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.
- Compound medications unless:
 - a. There is at least one component in it that is a prescription drug; and
 - b. It is obtained from a participating pharmacy. **Member will have to pay the full cost of the compound medications if member obtains drug at a non-participating pharmacy.**

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

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