

City of San Jose

2024 Summary of Benefits

Formulary P4, 10/25/40/10% to \$100 (with Senior Rx Plus)
 Prescription Drug Plan

[Anthem.com/CA](https://www.anthem.com/CA)

How much is the monthly premium?	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Formulary:	P4
Supplemental gap coverage:	Not Applicable
Stage 1 Annual Deductible Stage	In this stage, you pay a set amount. Once you reach this amount, your plan begins to pay its share of the cost.

Deductible \$0

Stage 2: Initial Coverage Stage

Tier	Standard retail cost sharing		Mail order cost sharing
	One-month supply	Three-month supply	Three-month supply
Tier 1 Select Generics	\$0 copay per prescription	\$0 copay per prescription	\$0 copay per prescription
Tier 1 Generics	\$10 copay per prescription	\$30 copay per prescription	\$20 copay per prescription
Tier 2 Preferred Brands	\$25 copay per prescription	\$75 copay per prescription	\$50 copay per prescription
Tier 3 Non-Preferred Drugs and Non-Formulary Drugs	\$40 copay per prescription	\$120 copay per prescription	\$80 copay per prescription

Tier 4 Specialty Drugs	10% coinsurance, \$100 copayment maximum per prescription	10% coinsurance, \$100 copayment maximum per prescription	10% coinsurance, \$300 copayment maximum per prescription
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Stage 3: Coverage Gap Stage

Benefits have been paid by your Group Part D plan and this plan for covered prescription drugs, you will be responsible for the amounts shown above.

Stage 4: Catastrophic Coverage Stage

Retail and Mail-Order Cost Sharing	
Tier	
Tier 1 Select Generics	\$0 copay per prescription
Tier 1 Generics	\$0 copay per prescription
Tier 2 Brand-Name Drugs	\$0 copay per prescription