

# City of San Jose

## 2023 Summary of Benefits

### Formulary P4, 10/25/40/40 (with Senior Rx Plus) Prescription Drug Plan

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

Anthem Blue Cross gives you the tools and resources you need to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. For more details about your benefits and services, please review your Evidence of Coverage (EOC).

**Medicare & You 2023 resource:** For more information, we encourage you to read Medicare & You 2023. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at [www.medicare.gov](https://www.medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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#### 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.

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Deductible

\$0

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## Stage 2: Initial Coverage Stage

Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$7,400.

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	\$40 copay Per Prescription	\$120 copay Per Prescription	\$120 copay Per Prescription

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

### 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

Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$7,400.

	Retail and Mail-Order Cost Sharing
Tier	
Tier 1 Select Generics	\$0 copay Per Prescription
Tier 1 Generics	5% coinsurance with a minimum of \$4.15 and a maximum of \$10
Tier 2 Brand-Name Drugs	5% coinsurance with a minimum of \$10.35 and a maximum of \$25

### This document reflects cost shares only.

Some of the benefits listed above are combined in-network and out-of-network.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.