

You can save money at the pharmacy by:

- **Requesting generic drugs, as they usually cost less.**
The U.S. Food and Drug Administration (FDA) requires generics to meet the same safety and quality standards as brand-name drugs, but generics often cost less.
- **Making sure your drugs are covered on the drug list.**
Look for your prescription drug on the plan's drug list (formulary) to see if it is covered and if it has any requirements (such as prior authorization) before your plan will cover it. There may be other options that will work for you, and they may even cost less. Ask your doctor.
- **Using pharmacies in your plan.**
Go to a pharmacy in your plan's network whenever possible. You may save even more if you shop at preferred pharmacies.



Find a prescription drug plan that's right for you

If you want to find the best prescription drug plan for your needs and budget, this guide can help. You can easily compare benefits and costs to find a plan that's a good fit.

With an Anthem Blue Cross prescription drug plan, you have access to:

-  Copays as low as \$0 for generic drugs.
-  More than 28,000 preferred pharmacies.
-  More than 65,000 pharmacies across the country.
-  Options for home delivery, so you don't have to drive or wait in line.



Call me if you'd like a 1-on-1 review



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Compare these Anthem Blue Cross plans to find one that fits your needs and budget

Plan name	Anthem Blue Cross MediBlue Rx Standard (PDP)	Anthem Blue Cross MediBlue Rx Plus (PDP)	Anthem Blue Cross MediBlue Rx Enhanced (PDP)	
 Plan drug list ¹	PDP Basic	PDP Plus	PDP Enhanced	
 Monthly premium	\$84.20	\$79.90	\$26.10	
 Deductible	\$390	\$0	\$300 for Tiers 3, 4, 5	
 Initial coverage: Begins after you have paid the deductible (if there is one) and lasts until you and your plan have paid \$4,130				
Tier 1: preferred generic	30-day supply preferred/standard pharmacy	\$1 copay/\$6 copay	\$1 copay/\$15 copay	\$0 copay/\$5 copay
	90-day supply home-delivery pharmacy	\$3 copay	\$3 copay	\$0 copay
Tier 2: generic	30-day supply preferred/standard pharmacy	\$2 copay/\$7 copay	\$3 copay/\$20 copay	\$2 copay/\$7 copay
	90-day supply home-delivery pharmacy	\$6 copay	\$9 copay	\$6 copay
Tier 3: preferred brand	30-day supply preferred/standard pharmacy	\$32 copay/\$37 copay	\$43 copay/\$47 copay	20% coinsurance/22% coinsurance
	90-day supply home-delivery pharmacy	\$96 copay	\$129 copay	20% coinsurance
Tier 4: non-preferred drug	30-day supply preferred/standard pharmacy	27% coinsurance/29% coinsurance	45% coinsurance/50% coinsurance	39% coinsurance/42% coinsurance
	90-day supply home-delivery pharmacy	27% coinsurance	45% coinsurance	39% coinsurance
Tier 5: specialty	30-day supply in-network pharmacy	25% coinsurance	33% coinsurance	26% coinsurance
	30-day supply home-delivery pharmacy	25% coinsurance	33% coinsurance	26% coinsurance
 Coverage gap: Begins after you leave the initial coverage stage and lasts until \$6,550 has been spent on your drugs ²				
Covered generic and brand-name drugs (without supplemental gap coverage)	Any in-network pharmacy	25% of the plan's costs for covered drugs		
Supplemental gap coverage ³	30-day supply preferred/standard pharmacy	No supplemental coverage	No supplemental coverage	Tier 1: \$0 copay/\$5 copay Tier 2: \$2 copay/\$7 copay
	90-day supply home-delivery pharmacy	No supplemental coverage	No supplemental coverage	Tier 1: \$0 copay Tier 2: \$6 copay
 Catastrophic coverage: Begins when you leave the coverage gap and lasts through the end of the calendar year				
Covered generic drugs (including brand-name drugs treated as generic)	Any in-network pharmacy	\$3.70 or 5%, whichever is greater		
Covered brand-name drugs	Any in-network pharmacy	\$9.20 or 5%, whichever is greater		

1 The drug list may vary by plan. To check if your drug (or an acceptable alternative) is covered, visit <https://shop.anthem.com/medicare/ca>.

2 What you pay and what the manufacturer pays count toward the total out-of-pocket amount spent in the coverage gap.

3 Drugs covered under supplemental coverage are marked with CG in the drug list.