

UNDERSTANDING YOUR Rx CHOICES



Groups Beginning 7.1.2025



Rita Angel
Vice President
Shared Service & Operations
and **CaliforniaChoice**® Member

COURAGEOUS
RESILIENT
A MOM

I AM
CALIFORNIA DIFFERENT®



Table of Contents

Platinum HMO.....	1-6
Platinum PPO	7
Platinum Footnotes.....	8
Gold HMO.....	9-17
Gold PPO.....	18-19
Gold Footnotes	20
Sliver HMO	21-27
Silver PPO.....	28-29
Sliver Footnotes	30
Bronze HMO.....	31-33
Bronze PPO.....	34-35
Bronze Footnotes.....	36

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice® Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

Each plan offered in the CaliforniaChoice Program meets the requirements of the Affordable Care Act (ACA).

Platinum HMO

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Anthem Blue Cross	Anthem Blue Cross	Health Net
Network Name	Select HMO	Vivity	WholeCare
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Level 1 \$5 Copay / Level 2 \$15 Copay ¹	Level 1 \$5 Copay / Level 2 \$15 Copay ¹	\$5 Copay ^{4,5}
Formulary Brand	Level 1 \$20 Copay / Level 2 \$30 Copay ¹	Level 1 \$25 Copay / Level 2 \$35 Copay ¹	\$30 Copay ^{4,5}
Non-Formulary Brand	Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Level 1 \$75 Copay / Level 2 \$85 Copay ¹	\$50 Copay ^{4,5}
Specialty	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Level 1 \$250 Copay / Level 2 \$250 Copay (prior auth. required) ^{1,3}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	Level 1 \$10 Copay ¹	\$10 Copay ^{4,5}	\$10 Copay ^{4,5}
Formulary Brand	Level 1 \$50 Copay ¹	\$75 Copay ^{4,5}	\$75 Copay ^{4,5}
Non-Formulary Brand	Level 1 \$125 Copay ¹	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}
Specialty	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}

Medical Benefits	HMO E	HMO F	HMO G
Participating Health Plans	Health Net	Health Net	Health Net
Network Name	Full	WholeCare	Salud HMO y Mas
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$5 Copay ^{4,5}	100% ^{4,5}	100% ^{4,5}
Formulary Brand	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}
Non-Formulary Brand	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	\$10 Copay ^{4,5}	\$10 Copay ^{4,5}	\$10 Copay ^{4,5}
Formulary Brand	\$75 Copay ^{4,5}	\$75 Copay ^{4,5}	\$75 Copay ^{4,5}
Non-Formulary Brand	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}

Platinum HMO

Medical Benefits	HMO H	HMO I	HMO J
Participating Health Plans	Health Net	Health Net	Health Net
Network Name	Full	SmartCare	SmartCare
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	100% ^{4,5}	100% ^{4,5}	\$5 Copay ^{4,5}
Formulary Brand	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}
Non-Formulary Brand	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	\$10 Copay ^{4,5}	\$10 Copay ^{4,5}	\$10 Copay ^{4,5}
Formulary Brand	\$75 Copay ^{4,5}	\$75 Copay ^{4,5}	\$75 Copay ^{4,5}
Non-Formulary Brand	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Network Name	Full	Full	Full
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$5 Copay	\$5 Copay	\$10 Copay (ded waived)
Formulary Brand	\$15 Copay	\$20 Copay	\$20 Copay (ded waived)
Non-Formulary Brand	\$15 Copay (with physician approval)	\$20 Copay (with physician approval)	\$20 Copay (ded waived) (with physician approval)
Specialty	90% (up to \$250 per prescription ²) (with physician approval)	90% (up to \$250 per prescription ²) (with physician approval)	90% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)
Rx Benefits – Mail Order			
Generic	\$10 Copay	\$10 Copay	\$20 Copay (ded waived)
Formulary Brand	\$30 Copay	\$40 Copay	\$40 Copay (ded waived)
Non-Formulary Brand	\$30 Copay (with physician approval)	\$40 Copay (with physician approval)	\$40 Copay (ded waived) (with physician approval)
Specialty	90% (up to \$250 per prescription ²) (with physician approval)	90% (up to \$250 per prescription ²) (with physician approval)	90% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)

Platinum HMO

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Sharp Health Plan	Sharp Health Plan	Sharp Health Plan
Network Name	Premier	Performance	Premier
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$10 Copay	\$10 Copay	\$10 Copay
Formulary Brand	\$25 Copay	\$25 Copay	\$25 Copay
Non-Formulary Brand	\$50 Copay	\$50 Copay	\$50 Copay
Specialty	Applicable Rx Copay	Applicable Rx Copay	Applicable Rx Copay
Rx Benefits – Mail Order			
Generic	\$20 Copay	\$20 Copay	\$20 Copay
Formulary Brand	\$50 Copay	\$50 Copay	\$50 Copay
Non-Formulary Brand	\$100 Copay	\$100 Copay	\$100 Copay
Specialty	Applicable Rx Copay	Applicable Rx Copay	Applicable Rx Copay

Medical Benefits	HMO A	HMO B	HMO A
Participating Health Plans	Sutter Health Plan	Sutter Health Plan	UnitedHealthcare
Network Name	Sutter Health Plan	Sutter Health Plan	SignatureValue
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$5 Copay ^{6,13}	\$5 Copay ^{6,13}	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸
Formulary Brand	\$20 Copay ^{6,13}	\$15 Copay ^{6,13}	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	\$30 Copay ^{6,13}	\$30 Copay ^{6,13}	Tier 3 Non-Specialty \$80 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	90% (up to \$250 per prescription ²) ^{6,13}	90% (up to \$250 per prescription ²) ^{6,13}	Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	\$10 Copay ^{6,13}	\$10 Copay ^{6,13}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}
Formulary Brand	\$40 Copay ^{6,13}	\$30 Copay ^{6,13}	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,12}
Non-Formulary Brand	\$60 Copay ^{6,13}	\$60 Copay ^{6,13}	Tier 3 Non-Specialty \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,12}
Specialty	90% (up to \$250 per prescription ²) ^{6,13}	90% (up to \$250 per prescription ²) ^{6,13}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}

Platinum HMO

Medical Benefits	HMO B	HMO C	HMO C
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	SignatureValue	Alliance	Alliance
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸
Formulary Brand	Tier 2 Non-Specialty \$20 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	Tier 3 Non-Specialty \$50 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$80 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$80 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}
Formulary Brand	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,12}
Non-Formulary Brand	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,12}
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}

Medical Benefits	HMO G	HMO H	HMO I
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Alliance	Harmony	Harmony
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸
Formulary Brand	Tier 2 Non-Specialty \$30 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$30 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	Tier 3 Non-Specialty \$60 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$80 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$60 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}
Formulary Brand	Tier 2 Non-Specialty \$60 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$60 Copay / Tier 2 Specialty \$150 Copay ^{8,12}
Non-Formulary Brand	Tier 3 Non-Specialty \$120 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$120 Copay / Tier 3 Specialty \$250 Copay ^{8,12}
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}

Platinum HMO

Medical Benefits	HMO J	HMO K	HMO L
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Alliance	Harmony	SignatureValue
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸
Formulary Brand	Tier 2 Non-Specialty \$30 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$30 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$30 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	Tier 3 Non-Specialty \$60 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$60 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$60 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}
Formulary Brand	Tier 2 Non-Specialty \$60 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$60 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$60 Copay / Tier 2 Specialty \$150 Copay ^{8,12}
Non-Formulary Brand	Tier 3 Non-Specialty \$120 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$120 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$120 Copay / Tier 3 Specialty \$250 Copay ^{8,12}
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}

Medical Benefits	HMO M	HMO N	HMO A
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	Western Health Advantage
Network Name	Harmony	Alliance	Full
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	\$10 Copay
Formulary Brand	Tier 2 Non-Specialty \$20 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$20 Copay / Tier 2 Specialty \$150 Copay ⁸	\$30 Copay ¹⁰
Non-Formulary Brand	Tier 3 Non-Specialty \$50 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$50 Copay / Tier 3 Specialty \$250 Copay ⁸	\$50 Copay ¹⁰
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹	80% (up to \$250 per 30 day supply ²) ¹¹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	Tier 1 Non-Specialty \$10 Copay / Tier 1 Specialty \$5 Copay ^{8,12}	\$20 Copay
Formulary Brand	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	\$60 Copay ¹⁰
Non-Formulary Brand	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	\$100 Copay ¹⁰
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	80% (up to \$250 per 30 day supply ²) ¹¹

Platinum HMO

Medical Benefits	HMO B	HMO C
Participating Health Plans	Western Health Advantage	Western Health Advantage
Network Name	Full	Full
Metal Tier	Platinum	Platinum
Rx Benefits - Retail		
Generic	\$5 Copay	\$5 Copay
Formulary Brand	\$20 Copay ¹⁰	\$30 Copay ¹⁰
Non-Formulary Brand	\$30 Copay ¹⁰	\$50 Copay ¹⁰
Specialty	90% (up to \$250 per 30 day supply ²) ¹¹	80% (up to \$250 per 30 day supply ²) ¹¹
Rx Benefits – Mail Order		
Generic	\$10 Copay	\$10 Copay
Formulary Brand	\$40 Copay ¹⁰	\$60 Copay ¹⁰
Non-Formulary Brand	\$60 Copay ¹⁰	\$100 Copay ¹⁰
Specialty	90% (up to \$250 per 30 day supply ²) ¹¹	80% (up to \$250 per 30 day supply ²) ¹¹

Platinum PPO

Medical Benefits	PPO A		PPO B	
Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross	
Network Name	Prudent Buyer – Small Group		Prudent Buyer – Small Group	
Metal Tier	Platinum		Platinum	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$5 Copay / Level 2 \$15 Copay ¹	Not Covered	Level 1 \$5 Copay / Level 2 \$15 Copay ¹	Not Covered
Formulary Brand	Level 1 \$15 Copay / Level 2 \$25 Copay ¹	Not Covered	Level 1 \$15 Copay / Level 2 \$25 Copay ¹	Not Covered
Non-Formulary Brand	Level 1 \$45 Copay / Level 2 \$55 Copay ¹	Not Covered	Level 1 \$45 Copay / Level 2 \$55 Copay ¹	Not Covered
Specialty	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$10 Copay ¹	Not Covered	Level 1 \$10 Copay ¹	Not Covered
Formulary Brand	Level 1 \$38 Copay ¹	Not Covered	Level 1 \$38 Copay ¹	Not Covered
Non-Formulary Brand	Level 1 \$113 Copay ¹	Not Covered	Level 1 \$113 Copay ¹	Not Covered
Specialty	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered

Platinum Footnotes

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

1. The four prescription drug tiers are: tier 1 typically generic drugs and low-cost preferred brand name drugs; tier 2 typically non-preferred generic drugs, preferred brand name drugs; tier 3 typically non-preferred brand name drugs; and tier 4 typically drugs that are biologics or distributed through a specialty pharmacy. Plans use the RxChoice Tiered Network, which includes a choice of two levels of copays — the first copay listed is for Level 1 pharmacies and the second copay listed is for Level 2.
2. Maximum member responsibility.
3. Classified specialty drugs must be obtained through Anthem's Specialty Pharmacy Program and are subject to the terms of the program.
4. The four prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary; Tier 4: Specialty.
5. See plan specific EOC for information regarding preventive drugs and women's contraceptives.
6. Cost sharing applies per prescription for up to a 30-day supply of prescribed and medically necessary generic or brand-name drugs in accordance with formulary guidelines. Except for specialty drugs, up to a 100-day supply is available, at twice the 30-day retail copayment price, through the mail-order pharmacy. Specialty drugs are available for up to a 30-day supply through the specialty pharmacy. Cost sharing for a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when applicable, will be up to four times the retail cost share. Member cost sharing for oral anti-cancer drugs shall not exceed \$250 per prescription for up to a 30-day supply. For HDHP plans, this \$250 maximum will not apply until after the deductible is met.
7. When you use an out-of-network provider, you will have higher cost sharing amounts to pay. Anthem's payment is based on a maximum allowed amount (includes certain benefits with maximum payment limits) and an out-of-network provider can charge you for amounts in excess of the Maximum Allowed Amount (there is an exception for Emergency Care received in California). In addition, only the maximum allowed amount for out of network services is applied towards your Out-of-Network deductible and out of pocket.
8. Specialty medication is tiered based on their cost efficiency and effectiveness. To see if there is a Specialty equivalent medication in this tier, please visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists>.
9. No change to how Specialty Drugs in Tier 4 are filled today.
10. If a Tier 1 medication is available but the member elects to receive a medication from Tier 2, 3 or 4 without medical indication from the Prescribing Provider, the member will be responsible for the applicable Tier 2-4 copayment plus the difference in cost between the Tier 1 medication and the purchased medication. The amount paid for the difference in cost does not apply to the deductible (when applicable) or contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service or medication.
12. Mail-Order Specialty drugs – Up to a 31 day supply. All limits are unless adjusted based on the drug manufacturer's packaging size, or based on supply limits.
13. Some drugs prescribed for sexual dysfunction, such as Cialis, Levitra or Viagra (or the generic equivalent, if available) are limited to 8 doses per 30-day supply.

Gold HMO

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Network Name	Select HMO	CaliforniaCare HMO	Priority Select HMO
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	Level 1 \$10 Copay / Level 2 \$20 Copay ¹	Level 1 \$10 Copay / Level 2 \$20 Copay ¹	Level 1 \$10 Copay / Level 2 \$20 Copay ¹
Formulary Brand	Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Level 1 \$50 Copay / Level 2 \$60 Copay ¹
Non-Formulary Brand	Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Level 1 \$90 Copay / Level 2 \$100 Copay ¹
Specialty	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}
Rx Benefits – Mail Order			
Generic	Level 1 \$20 Copay ¹	Level 1 \$20 Copay ¹	Level 1 \$20 Copay ¹
Formulary Brand	Level 1 \$125 Copay ¹	Level 1 \$125 Copay ¹	Level 1 \$125 Copay ¹
Non-Formulary Brand	Level 1 \$225 Copay ¹	Level 1 \$225 Copay ¹	Level 1 \$225 Copay ¹
Specialty	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Health Net	Health Net	Health Net
Network Name	WholeCare	WholeCare	WholeCare
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$20 Copay ^{4,5}	\$15 Copay ^{4,5}	\$15 Copay ^{4,5}
Formulary Brand	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}
Non-Formulary Brand	\$70 Copay ^{4,5}	\$70 Copay ^{4,5}	\$70 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	\$40 Copay ^{4,5}	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}
Formulary Brand	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}
Non-Formulary Brand	\$175 Copay ^{4,5}	\$175 Copay ^{4,5}	\$175 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}

Gold HMO

Medical Benefits	HMO D	HMO E	HMO G
Participating Health Plans	Health Net	Health Net	Health Net
Network Name	Salud HMO y Mas	Full	Full
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay ^{4,5}	\$15 Copay ^{4,5}	\$20 Copay ^{4,5}
Formulary Brand	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}
Non-Formulary Brand	\$70 Copay ^{4,5}	\$70 Copay ^{4,5}	\$70 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}	\$40 Copay ^{4,5}
Formulary Brand	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}
Non-Formulary Brand	\$175 Copay ^{4,5}	\$175 Copay ^{4,5}	\$175 Copay ^{4,5}
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}

Medical Benefits	HMO H	HMO I	HMO B
Participating Health Plans	Health Net	Health Net	Kaiser Permanente
Network Name	SmartCare	SmartCare	Full
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay ^{4,5}	\$15 Copay ^{4,5}	\$15 Copay (overall ded waived)
Formulary Brand	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}	\$40 Copay (overall ded waived)
Non-Formulary Brand	\$70 Copay ^{4,5}	\$70 Copay ^{4,5}	\$40 Copay (overall ded waived) (with physician approval)
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	80% (up to \$250 per prescription ²) (overall ded waived) (with physician approval)
Rx Benefits – Mail Order			
Generic	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}	\$30 Copay (overall ded waived)
Formulary Brand	\$125 Copay ^{4,5}	\$125 Copay ^{4,5}	\$80 Copay (overall ded waived)
Non-Formulary Brand	\$175 Copay ^{4,5}	\$175 Copay ^{4,5}	\$80 Copay (overall ded waived) (with physician approval)
Specialty	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	70% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	80% (up to \$250 per prescription ²) (overall ded waived) (with physician approval)

Medical Benefits	HMO C	HMO D	HMO E [†]
Participating Health Plans	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Network Name	Full	Full	Full
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay	\$20 Copay (ded waived)	\$15 Copay (combined Med/Rx ded)
Formulary Brand	\$50 Copay	\$250 / \$500 Ded - \$50 Copay	\$45 Copay (combined Med/Rx ded)
Non-Formulary Brand	\$50 Copay (with physician approval)	\$250 / \$500 Ded - \$50 Copay (with physician approval)	\$45 Copay (combined Med/Rx ded) (with physician approval)
Specialty	80% (up to \$250 per prescription ²) (with physician approval)	\$250 / \$500 Ded - 80% (up to \$250 per prescription ²) (with physician approval)	85% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)
Rx Benefits – Mail Order			
Generic	\$30 Copay	\$40 Copay (ded waived)	\$30 Copay (combined Med/Rx ded)
Formulary Brand	\$100 Copay	\$250 / \$500 Ded - \$100 Copay	\$90 Copay (combined Med/Rx ded)
Non-Formulary Brand	\$100 Copay (with physician approval)	\$250 / \$500 Ded - \$100 Copay (with physician approval)	\$90 Copay (combined Med/Rx ded) (with physician approval)
Specialty	80% (up to \$250 per prescription ²) (with physician approval)	\$250 / \$500 Ded - 80% (up to \$250 per prescription ²) (with physician approval)	85% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)

Medical Benefits	HMO A	HMO B	HMO D
Participating Health Plans	Sharp Health Plan	Sharp Health Plan	Sharp Health Plan
Network Name	Performance	Premier	Performance
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$16 Copay (ded waived)	\$16 Copay (ded waived)	\$16 Copay
Formulary Brand	\$250 / \$500 Ded - \$35 Copay	\$500 / \$1,000 Ded - \$45 Copay	\$35 Copay
Non-Formulary Brand	\$250 / \$500 Ded - \$70 Copay	\$500 / \$1,000 Ded - \$75 Copay	\$70 Copay
Specialty	\$250 / \$500 Ded – Applicable Rx Copay	\$500 / \$1,000 Ded – Applicable Rx Copay	Applicable Rx Copay
Rx Benefits – Mail Order			
Generic	\$32 Copay (ded waived)	\$32 Copay (ded waived)	\$32 Copay
Formulary Brand	\$250 / \$500 Ded - \$70 Copay	\$500 / \$1,000 Ded - \$90 Copay	\$70 Copay
Non-Formulary Brand	\$250 / \$500 Ded - \$140 Copay	\$500 / \$1,000 Ded - \$150 Copay	\$140 Copay
Specialty	\$250 / \$500 Ded – Applicable Rx Copay	\$500 / \$1,000 Ded – Applicable Rx Copay	Applicable Rx Copay

HSA QUALIFIED

Medical Benefits	HMO A	HMO B	HMO C†
Participating Health Plans	Sutter Health Plan	Sutter Health Plan	Sutter Health Plan
Network Name	Sutter Health Plan	Sutter Health Plan	Sutter Health Plan
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay (overall ded waived) ⁶	\$15 Copay (overall ded waived) ⁶	\$15 Copay (combined Med/Rx ded) ⁶
Formulary Brand	\$30 Copay (overall ded waived) ⁶	\$40 Copay (overall ded waived) ⁶	\$50 Copay (combined Med/Rx ded) ⁶
Non-Formulary Brand	\$50 Copay (overall ded waived) ⁶	\$70 Copay (overall ded waived) ⁶	\$80 Copay (combined Med/Rx ded) ⁶
Specialty	80% (up to \$250 per prescription ²) (overall ded waived) ⁶	80% (up to \$250 per prescription ²) (overall ded waived) ⁶	80% (up to \$250 per prescription ²) (combined Med/Rx ded) ⁶
Rx Benefits – Mail Order			
Generic	\$30 Copay (overall ded waived) ⁶	\$30 Copay (overall ded waived) ⁶	\$30 Copay (combined Med/Rx ded) ⁶
Formulary Brand	\$60 Copay (overall ded waived) ⁶	\$80 Copay (overall ded waived) ⁶	\$100 Copay (combined Med/Rx ded) ⁶
Non-Formulary Brand	\$100 Copay (overall ded waived) ⁶	\$140 Copay (overall ded waived) ⁶	\$160 Copay (combined Med/Rx ded) ⁶
Specialty	80% (up to \$250 per prescription ²) (overall ded waived) ⁶	80% (up to \$250 per prescription ²) (overall ded waived) ⁶	80% (up to \$250 per prescription ²) (combined Med/Rx ded) ⁶

Medical Benefits	HMO A	HMO B	HMO F
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	SignatureValue	Alliance	SignatureValue
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived) ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived) ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸
Formulary Brand	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	\$100 / \$200 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹	\$100 / \$200 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay (ded waived) ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay (ded waived) ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}
Formulary Brand	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}
Non-Formulary Brand	\$100 / \$200 Ded - Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	\$100 / \$200 Ded - Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}
Specialty	\$100 / \$200 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	\$100 / \$200 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}

Gold HMO

Medical Benefits	HMO G	HMO H	HMO J
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Alliance	SignatureValue	Alliance
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived) ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived) ⁸
Formulary Brand	Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	\$100 / \$200 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹	\$100 / \$200 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay (ded waived) ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay (ded waived) ^{8,13}
Formulary Brand	Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}
Non-Formulary Brand	Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	\$100 / \$200 Ded - Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	\$100 / \$200 Ded - Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	\$100 / \$200 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	\$100 / \$200 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,13}

Medical Benefits	HMO L	HMO M	HMO N
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Harmony	Harmony	Harmony
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived) ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived) ⁸
Formulary Brand	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	\$100 / \$200 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹	\$100 / \$200 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay (ded waived) ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay (ded waived) ^{8,13}
Formulary Brand	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}
Non-Formulary Brand	\$100 / \$200 Ded - Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	\$100 / \$200 Ded - Tier 3 Non-Specialty \$200 Copay / Tier 3 Specialty \$250 Copay ^{8,13}
Specialty	\$100 / \$200 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	\$100 / \$200 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,13}

Medical Benefits	HMO O	HMO P	HMO Q
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Alliance	Harmony	Harmony
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸
Formulary Brand	Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$50 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	Tier 3 Non-Specialty \$85 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$85 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$85 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹	Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}
Formulary Brand	Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}
Non-Formulary Brand	Tier 3 Non-Specialty \$170 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	Tier 3 Non-Specialty \$170 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	Tier 3 Non-Specialty \$170 Copay / Tier 3 Specialty \$250 Copay ^{8,13}
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Western Health Advantage	Western Health Advantage	Western Health Advantage
Network Name	Full	Full	Full
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$20 Copay	\$15 Copay (overall ded waived)	\$10 Copay (ded waived)
Formulary Brand	\$50 Copay ¹⁰	\$40 Copay (overall ded waived) ¹⁰	\$500 / \$1,000 Ded - \$50 Copay ^{10,12}
Non-Formulary Brand	\$75 Copay ¹⁰	\$70 Copay (overall ded waived) ¹⁰	\$500 / \$1,000 Ded - \$75 Copay ^{10,12}
Specialty	80% (up to \$250 per 30 day supply ²) ¹¹	80% (up to \$250 per 30 day supply ²) (overall ded waived) ¹¹	\$500 / \$1,000 Ded - 80% (up to \$250 per 30 day supply ²) ^{11,12}
Rx Benefits - Mail Order			
Generic	\$40 Copay	\$30 Copay (overall ded waived)	\$20 Copay (ded waived)
Formulary Brand	\$100 Copay ¹⁰	\$80 Copay (overall ded waived) ¹⁰	\$500 / \$1,000 Ded - \$100 Copay ^{10,12}
Non-Formulary Brand	\$150 Copay ¹⁰	\$140 Copay (overall ded waived) ¹⁰	\$500 / \$1,000 Ded - \$150 Copay ^{10,12}
Specialty	80% (up to \$250 per 30 day supply ²) ¹¹	80% (up to \$250 per 30 day supply ²) (overall ded waived) ¹¹	\$500 / \$1,000 Ded - 80% (up to \$250 per 30 day supply ²) ^{11,12}

Gold HMO

HSA QUALIFIED

Medical Benefits	HMO D†
Participating Health Plans	Western Health Advantage
Network Name	Full
Metal Tier	Gold
Rx Benefits - Retail	
Generic	100% (combined Med/Rx ded) ¹²
Formulary Brand	\$40 Copay (combined Med/Rx ded) ^{10,12}
Non-Formulary Brand	\$60 Copay (combined Med/Rx ded) ^{10,12}
Specialty	80% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}
Rx Benefits – Mail Order	
Generic	100% (combined Med/Rx ded) ¹²
Formulary Brand	\$80 Copay (combined Med/Rx ded) ^{10,12}
Non-Formulary Brand	\$120 Copay (combined Med/Rx ded) ^{10,12}
Specialty	80% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}

Gold PPO

Medical Benefits	PPO B		PPO C	
Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross	
Network Name	Select PPO		Select PPO	
Metal Tier	Gold		Gold	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$10 Copay / Level 2 \$20 Copay (ded waived) ¹	Not Covered	Level 1 \$10 Copay / Level 2 \$20 Copay (overall ded waived) ¹	Not Covered
Formulary Brand	\$250 / \$500 Ded - Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Not Covered	Level 1 \$50 Copay / Level 2 \$60 Copay (overall ded waived) ¹	Not Covered
Non-Formulary Brand	\$250 / \$500 Ded - Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Not Covered	Level 1 \$90 Copay / Level 2 \$100 Copay (overall ded waived) ¹	Not Covered
Specialty	\$250 / \$500 Ded - Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (overall ded waived) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$20 Copay (ded waived) ¹	Not Covered	Level 1 \$20 Copay (overall ded waived) ¹	Not Covered
Formulary Brand	\$250 / \$500 Ded - Level 1 \$125 Copay ¹	Not Covered	Level 1 \$125 Copay (overall ded waived) ¹	Not Covered
Non-Formulary Brand	\$250 / \$500 Ded - Level 1 \$225 Copay ¹	Not Covered	Level 1 \$225 Copay (overall ded waived) ¹	Not Covered
Specialty	\$250 / \$500 Ded - Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$250 per prescription ²) (overall ded waived) (prior auth. required) ^{1,3}	Not Covered

Gold PPO

Medical Benefits	PPO D		PPO E	
Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross	
Network Name	Select PPO		Prudent Buyer – Small Group	
Metal Tier	Gold		Gold	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$10 Copay / Level 2 \$20 Copay (ded waived) ¹	Not Covered	Level 1 \$10 Copay / Level 2 \$20 Copay (overall ded waived) ¹	Not Covered
Formulary Brand	\$250 / \$500 Ded - Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Not Covered	Level 1 \$50 Copay / Level 2 \$60 Copay (overall ded waived) ¹	Not Covered
Non-Formulary Brand	\$250 / \$500 Ded - Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Not Covered	Level 1 \$90 Copay / Level 2 \$100 Copay (overall ded waived) ¹	Not Covered
Specialty	\$250 / \$500 Ded - Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (overall ded waived) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$20 Copay (ded waived) ¹	Not Covered	Level 1 \$20 Copay (overall ded waived) ¹	Not Covered
Formulary Brand	\$250 / \$500 Ded - Level 1 \$125 Copay ¹	Not Covered	Level 1 \$125 Copay (overall ded waived) ¹	Not Covered
Non-Formulary Brand	\$250 / \$500 Ded - Level 1 \$225 Copay ¹	Not Covered	Level 1 \$225 Copay (overall ded waived) ¹	Not Covered
Specialty	\$250 / \$500 Ded - Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$250 per prescription ²) (overall ded waived) (prior auth. required) ^{1,3}	Not Covered

Gold Footnotes

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

† HSA Qualified High Deductible Plan

1. The four prescription drug tiers are: tier 1 typically generic drugs and low-cost preferred brand name drugs; tier 2 typically non-preferred generic drugs, preferred brand name drugs; tier 3 typically non-preferred brand name drugs; and tier 4 typically drugs that are biologics or distributed through a specialty pharmacy. Plans use the RxChoice Tiered Network, which includes a choice of two levels of copays – the first copay listed is for Level 1 pharmacies and the second copay listed is for Level 2.
2. Maximum member responsibility.
3. Classified specialty drugs must be obtained through Anthem's Specialty Pharmacy Program and are subject to the terms of the program.
4. The four prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary; Tier 4: Specialty.
5. See plan specific EOC for information regarding preventive drugs and women's contraceptives.
6. Cost sharing applies per prescription for up to a 30-day supply of prescribed and medically necessary generic or brand-name drugs in accordance with formulary guidelines. Except for specialty drugs, up to a 100-day supply is available, at twice the 30-day retail copayment price, through the mail-order pharmacy. Specialty drugs are available for up to a 30-day supply through the specialty pharmacy. Cost sharing for a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when applicable, will be up to four times the retail cost share. Member cost sharing for oral anti-cancer drugs shall not exceed \$250 per prescription for up to a 30-day supply. For HDHP plans, this \$250 maximum will not apply until after the deductible is met.
7. When you use an out-of-network provider, you will have higher cost sharing amounts to pay. Anthem's payment is based on a maximum allowed amount (includes certain benefits with maximum payment limits) and an out-of-network provider can charge you for amounts in excess of the Maximum Allowed Amount (there is an exception for Emergency Care received in California). In addition, only the maximum allowed amount for out of network services is applied towards your Out-of-Network deductible and out of pocket.
8. Specialty medication is tiered based on their cost efficiency and effectiveness. To see if there is a Specialty equivalent medication in this tier, please visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists>.
9. No change to how Specialty Drugs in Tier 4 are filled today.
10. If a Tier 1 medication is available but the member elects to receive a medication from Tier 2, 3 or 4 without medical indication from the Prescribing Provider, the member will be responsible for the applicable Tier 2-4 copayment plus the difference in cost between the Tier 1 medication and the purchased medication. The amount paid for the difference in cost does not apply to the deductible (when applicable) or contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service or medication.
12. Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.
13. Mail-Order Specialty drugs – Up to a 31 day supply. All limits are unless adjusted based on the drug manufacturer's packaging size, or based on supply limits.

Silver HMO

Medical Benefits	HMO A	HMO B	HMO A
Participating Health Plans	Anthem Blue Cross	Anthem Blue Cross	Health Net
Network Name	Select HMO	CaliforniaCare HMO	WholeCare
Metal Tier	Silver	Silver	Silver
Rx Benefits – Retail			
Generic	Level 1 \$10 Copay / Level 2 \$20 Copay (ded waived) ¹	Level 1 \$10 Copay / Level 2 \$20 Copay (ded waived) ¹	\$20 Copay (ded waived) ^{4,5}
Formulary Brand	\$300 / \$600 Ded – Level 1 \$70 Copay / Level 2 \$80 Copay ¹	\$300 / \$600 Ded – Level 1 \$70 Copay / Level 2 \$80 Copay ¹	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) ^{4,5}
Non-Formulary Brand	\$300 / \$600 Ded – Level 1 \$110 Copay / Level 2 \$120 Copay ¹	\$300 / \$600 Ded – Level 1 \$110 Copay / Level 2 \$120 Copay ¹	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) ^{4,5}
Specialty	\$300 / \$600 Ded – Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	\$300 / \$600 Ded – Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	Level 1 \$20 Copay (ded waived) ¹	Level 1 \$20 Copay (ded waived) ¹	\$40 Copay (ded waived) ^{4,5}
Formulary Brand	\$300 / \$600 Ded – Level 1 \$175 Copay ¹	\$300 / \$600 Ded – Level 1 \$175 Copay ¹	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) ^{4,5}
Non-Formulary Brand	\$300 / \$600 Ded – Level 1 \$275 Copay ¹	\$300 / \$600 Ded – Level 1 \$275 Copay ¹	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) ^{4,5}
Specialty	\$300 / \$600 Ded – Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	\$300 / \$600 Ded – Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) (prior auth. required) ^{4,5}

Silver HMO

Medical Benefits	HMO A	HMO B	HMO C
Participating Health Plans	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Network Name	Full	Full	Full
Metal Tier	Silver	Silver	Silver
Rx Benefits - Retail			
Generic	\$20 Copay (ded waived)	\$20 Copay (ded waived)	\$19 Copay (ded waived)
Formulary Brand	\$500 / \$1,000 Ded - \$100 Copay	\$100 Copay (ded waived)	\$300 / \$600 Ded - \$85 Copay
Non-Formulary Brand	\$500 / \$1,000 Ded - \$100 Copay (with physician approval)	\$100 Copay (ded waived) (with physician approval)	\$300 / \$600 Ded - \$85 Copay (with physician approval)
Specialty	\$500 / \$1,000 Ded - 80% (up to \$250 per prescription ²) (with physician approval)	80% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²) (with physician approval)
Rx Benefits - Mail Order			
Generic	\$40 Copay (ded waived)	\$40 Copay (ded waived)	\$38 Copay (ded waived)
Formulary Brand	\$500 / \$1,000 Ded - \$200 Copay	\$200 Copay (ded waived)	\$300 / \$600 Ded - \$170 Copay
Non-Formulary Brand	\$500 / \$1,000 Ded - \$200 Copay (with physician approval)	\$200 Copay (ded waived) (with physician approval)	\$300 / \$600 Ded - \$170 Copay (with physician approval)
Specialty	\$500 / \$1,000 Ded - 80% (up to \$250 per prescription ²) (with physician approval)	80% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²) (with physician approval)

Silver HMO

Medical Benefits	HSA QUALIFIED		
	HMO D [†]	HMO E	HMO A
Participating Health Plans	Kaiser Permanente	Kaiser Permanente	Sharp Health Plan
Network Name	Full	Full	Premier
Metal Tier	Silver	Silver	Silver
Rx Benefits - Retail			
Generic	75% (up to \$250 per prescription ²) (combined Med/Rx ded)	\$20 Copay (ded waived)	\$16 Copay (ded waived)
Formulary Brand	75% (up to \$250 per prescription ²) (combined Med/Rx ded)	\$100 Copay (combined Med/Rx ded)	\$300 / \$600 Ded - \$120 Copay
Non-Formulary Brand	75% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$100 Copay (combined Med/Rx ded) (with physician approval)	\$300 / \$600 Ded - \$135 Copay
Specialty	75% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	55% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$300 / \$600 Ded – Applicable Rx Copay
Rx Benefits – Mail Order			
Generic	75% (up to \$250 per prescription ²) (combined Med/Rx ded)	\$40 Copay (ded waived)	\$32 Copay (ded waived)
Formulary Brand	75% (up to \$250 per prescription ²) (combined Med/Rx ded)	\$200 Copay (combined Med/Rx ded)	\$300 / \$600 Ded - \$240 Copay
Non-Formulary Brand	75% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$200 Copay (combined Med/Rx ded) (with physician approval)	\$300 / \$600 Ded - \$270 Copay
Specialty	75% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	55% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$300 / \$600 Ded – Applicable Rx Copay

Silver HMO

Medical Benefits	HMO B	HMO C	HMO B
Participating Health Plans	Sharp Health Plan	Sharp Health Plan	Sutter Health Plan
Network Name	Performance	Premier	Sutter Health Plan
Metal Tier	Silver	Silver	Silver
Rx Benefits - Retail			
Generic	\$16 Copay (ded waived)	\$16 Copay (overall ded waived)	\$19 Copay (ded waived) ⁶
Formulary Brand	\$300 / \$600 Ded - \$110 Copay	\$145 Copay (overall ded waived)	\$300 / \$600 Ded - \$85 Copay ⁶
Non-Formulary Brand	\$300 / \$600 Ded - \$160 Copay	\$150 Copay (overall ded waived)	\$300 / \$600 Ded - \$110 Copay ⁶
Specialty	\$300 / \$600 Ded - Applicable Rx Copay	Applicable Rx Copay (overall ded waived)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²) ⁶
Rx Benefits – Mail Order			
Generic	\$32 Copay (ded waived)	\$32 Copay (overall ded waived)	\$38 Copay (ded waived) ⁶
Formulary Brand	\$300 / \$600 Ded - \$220 Copay	\$290 Copay (overall ded waived)	\$300 / \$600 Ded - \$170 Copay ⁶
Non-Formulary Brand	\$300 / \$600 Ded - \$320 Copay	\$300 Copay (overall ded waived)	\$300 / \$600 Ded - \$220 Copay ⁶
Specialty	\$300 / \$600 Ded - Applicable Rx Copay	Applicable Rx Copay (overall ded waived)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²) ⁶

Silver HMO

Medical Benefits	HSA QUALIFIED		
	HMO C†	HMO A	HMO E
Participating Health Plans	Sutter Health Plan	UnitedHealthcare	UnitedHealthcare
Network Name	Sutter Health Plan	SignatureValue	Alliance
Metal Tier	Silver	Silver	Silver
Rx Benefits - Retail			
Generic	\$20 Copay (combined Med/Rx ded) ⁶	Tier 1 Non-Specialty \$20 Copay / Tier 1 Specialty \$20 Copay (ded waived) ⁸	Tier 1 Non-Specialty \$20 Copay / Tier 1 Specialty \$20 Copay (ded waived) ⁸
Formulary Brand	\$40 Copay (combined Med/Rx ded) ⁶	\$400 / \$800 Ded - Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ⁸	\$400 / \$800 Ded - Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	\$60 Copay (combined Med/Rx ded) ⁶	\$400 / \$800 Ded - Tier 3 Non-Specialty \$125 Copay / Tier 3 Specialty \$250 Copay ⁸	\$400 / \$800 Ded - Tier 3 Non-Specialty \$125 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	75% (up to \$250 per prescription ²) (combined Med/Rx ded) ⁶	\$400 / \$800 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹	\$400 / \$800 Ded - Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order			
Generic	\$40 Copay (combined Med/Rx ded) ⁶	Tier 1 Non-Specialty \$40 Copay / Tier 1 Specialty \$20 Copay (ded waived) ^{8,14}	Tier 1 Non-Specialty \$40 Copay / Tier 1 Specialty \$20 Copay (ded waived) ^{8,14}
Formulary Brand	\$80 Copay (combined Med/Rx ded) ⁶	\$400 / \$800 Ded - Tier 2 Non-Specialty \$160 Copay / Tier 2 Specialty \$150 Copay ^{8,14}	\$400 / \$800 Ded - Tier 2 Non-Specialty \$160 Copay / Tier 2 Specialty \$150 Copay ^{8,14}
Non-Formulary Brand	\$120 Copay (combined Med/Rx ded) ⁶	\$400 / \$800 Ded - Tier 3 Non-Specialty \$250 Copay / Tier 3 Specialty \$250 Copay ^{8,14}	\$400 / \$800 Ded - Tier 3 Non-Specialty \$250 Copay / Tier 3 Specialty \$250 Copay ^{8,14}
Specialty	75% (up to \$250 per prescription ²) (combined Med/Rx ded) ⁶	\$400 / \$800 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,14}	\$400 / \$800 Ded - Tier 4 75% (up to \$500 per prescription ²) ^{9,14}

Silver HMO

Medical Benefits	HMO F	HMO G
Participating Health Plans	UnitedHealthcare	UnitedHealthcare
Network Name	Harmony	Harmony
Metal Tier	Silver	Silver
Rx Benefits - Retail		
Generic	Tier 1 Non-Specialty \$20 Copay / Tier 1 Specialty \$20 Copay (ded waived) ⁸	Tier 1 Non-Specialty \$20 Copay / Tier 1 Specialty \$20 Copay (ded waived) ⁸
Formulary Brand	\$400 / \$800 Ded – Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ⁸	\$400 / \$800 Ded – Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	\$400 / \$800 Ded – Tier 3 Non-Specialty \$125 Copay / Tier 3 Specialty \$250 Copay ⁸	\$400 / \$800 Ded – Tier 3 Non-Specialty \$125 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	\$400 / \$800 Ded – Tier 4 75% (up to \$250 per prescription ²) ⁹	\$400 / \$800 Ded – Tier 4 75% (up to \$250 per prescription ²) ⁹
Rx Benefits – Mail Order		
Generic	Tier 1 Non-Specialty \$40 Copay / Tier 1 Specialty \$20 Copay (ded waived) ^{8,14}	Tier 1 Non-Specialty \$40 Copay / Tier 1 Specialty \$20 Copay (ded waived) ^{8,14}
Formulary Brand	\$400 / \$800 Ded – Tier 2 Non-Specialty \$160 Copay / Tier 2 Specialty \$150 Copay ^{8,14}	\$400 / \$800 Ded – Tier 2 Non-Specialty \$160 Copay / Tier 2 Specialty \$150 Copay ^{8,14}
Non-Formulary Brand	\$400 / \$800 Ded – Tier 3 Non-Specialty \$250 Copay / Tier 3 Specialty \$250 Copay ^{8,14}	\$400 / \$800 Ded – Tier 3 Non-Specialty \$250 Copay / Tier 3 Specialty \$250 Copay ^{8,14}
Specialty	\$400 / \$800 Ded – Tier 4 75% (up to \$500 per prescription ²) ^{9,14}	\$400 / \$800 Ded – Tier 4 75% (up to \$500 per prescription ²) ^{9,14}

Silver HMO

HSA QUALIFIED

Medical Benefits	HMO A	HMO B	HMO C†
Participating Health Plans	Western Health Advantage	Western Health Advantage	Western Health Advantage
Network Name	Full	Full	Full
Metal Tier	Silver	Silver	Silver
Rx Benefits – Retail			
Generic	\$20 Copay (ded waived)	\$19 Copay (ded waived)	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}
Formulary Brand	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{10,11,12}	\$300 / \$600 Ded - \$85 Copay ^{10,12}	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{10,11,12}
Non-Formulary Brand	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{10,11,12}	\$300 / \$600 Ded - \$110 Copay ^{10,12}	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{10,11,12}
Specialty	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{11,12}	\$300 / \$600 Ded - 70% (up to \$250 per 30 day supply ²) ^{11,12}	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}
Rx Benefits – Mail Order			
Generic	\$40 Copay (ded waived)	\$38 Copay (ded waived)	75% (up to \$625 per 90 day supply ²) (combined Med/Rx ded) ^{11,12}
Formulary Brand	\$500 / \$1,000 Ded – 70% (up to \$625 per 90 day supply ²) ^{10,11,12}	\$300 / \$600 Ded - \$170 Copay ^{10,12}	75% (up to \$625 per 90 day supply ²) (combined Med/Rx ded) ^{10,11,12}
Non-Formulary Brand	\$500 / \$1,000 Ded – 70% (up to \$625 per 90 day supply ²) ^{10,11,12}	\$300 / \$600 Ded - \$220 Copay ^{10,12}	75% (up to \$625 per 90 day supply ²) (combined Med/Rx ded) ^{10,11,12}
Specialty	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{11,12}	\$300 / \$600 Ded - 70% (up to \$250 per 30 day supply ²) ^{11,12}	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}

Silver PPO

Medical Benefits	PPO B		PPO C	
Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross	
Network Name	Select PPO		Prudent Buyer – Small Group	
Metal Tier	Silver		Silver	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$15 Copay / Level 2 \$20 Copay (ded waived) ¹	Not Covered	Level 1 \$15 Copay / Level 2 \$20 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$300 / \$600 Ded - Level 1 \$70 Copay / Level 2 \$80 Copay ¹	Not Covered	\$300 / \$600 Ded - Level 1 \$70 Copay / Level 2 \$80 Copay ¹	Not Covered
Non-Formulary Brand	\$300 / \$600 Ded - Level 1 \$110 Copay / Level 2 \$120 Copay ¹	Not Covered	\$300 / \$600 Ded - Level 1 \$110 Copay / Level 2 \$120 Copay ¹	Not Covered
Specialty	\$300 / \$600 Ded - Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	\$300 / \$600 Ded - Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$30 Copay (ded waived) ¹	Not Covered	Level 1 \$30 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$300 / \$600 Ded - Level 1 \$175 Copay ¹	Not Covered	\$300 / \$600 Ded - Level 1 \$175 Copay ¹	Not Covered
Non-Formulary Brand	\$300 / \$600 Ded - Level 1 \$275 Copay ¹	Not Covered	\$300 / \$600 Ded - Level 1 \$275 Copay ¹	Not Covered
Specialty	\$300 / \$600 Ded - Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	\$300 / \$600 Ded - Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered

Silver PPO

Medical Benefits	PPO D [†] HSA QUALIFIED		PPO E [†] HSA QUALIFIED	
	Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross
Network Name	Prudent Buyer – Small Group		Select PPO	
Metal Tier	Silver		Silver	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$15 Copay / Level 2 \$20 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$15 Copay / Level 2 \$20 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$70 Copay / Level 2 \$80 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$70 Copay / Level 2 \$80 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$110 Copay / Level 2 \$120 Copay (combined Med/Rx ded) ¹	Not Covered	Level 1 \$110 Copay / Level 2 \$120 Copay (combined Med/Rx ded) ¹	Not Covered
Specialty	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$30 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$30 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$175 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$175 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$275 Copay (combined Med/Rx ded) ¹	Not Covered	Level 1 \$275 Copay (combined Med/Rx ded) ¹	Not Covered
Specialty	Level 1 70% (up to \$250 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$250 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered

Silver Footnotes

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

† HSA Qualified High Deductible Plan

1. The four prescription drug tiers are: tier 1 typically generic drugs and low-cost preferred brand name drugs; tier 2 typically non-preferred generic drugs, preferred brand name drugs; tier 3 typically non-preferred brand name drugs; and tier 4 typically drugs that are biologics or distributed through a specialty pharmacy. Plans use the RxChoice Tiered Network, which includes a choice of two levels of copays – the first copay listed is for Level 1 pharmacies and the second copay listed is for Level 2.
2. Maximum member responsibility.
3. Classified specialty drugs must be obtained through Anthem's Specialty Pharmacy Program and are subject to the terms of the program.
4. The four prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary; Tier 4: Specialty.
5. See plan specific EOC for information regarding preventive drugs and women's contraceptives.
6. Cost sharing applies per prescription for up to a 30-day supply of prescribed and medically necessary generic or brand-name drugs in accordance with formulary guidelines. Except for specialty drugs, up to a 100-day supply is available, at twice the 30-day retail copayment price, through the mail-order pharmacy. Specialty drugs are available for up to a 30-day supply through the specialty pharmacy. Cost sharing for a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when applicable, will be up to four times the retail cost share. Member cost sharing for oral anti-cancer drugs shall not exceed \$250 per prescription for up to a 30-day supply. For HDHP plans, this \$250 maximum will not apply until after the deductible is met.
7. When you use an out-of-network provider, you will have higher cost sharing amounts to pay. Anthem's payment is based on a maximum allowed amount (includes certain benefits with maximum payment limits) and an out-of-network provider can charge you for amounts in excess of the Maximum Allowed Amount (there is an exception for Emergency Care received in California). In addition, only the maximum allowed amount for out of network services is applied towards your Out-of-Network deductible and out of pocket.
8. Specialty medication is tiered based on their cost efficiency and effectiveness. To see if there is a Specialty equivalent medication in this tier, please visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists>.
9. No change to how Specialty Drugs in Tier 4 are filled today.
10. If a Tier 1 medication is available but the member elects to receive a medication from Tier 2, 3 or 4 without medical indication from the Prescribing Provider, the member will be responsible for the applicable Tier 2-4 copayment plus the difference in cost between the Tier 1 medication and the purchased medication. The amount paid for the difference in cost does not apply to the deductible (when applicable) or contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service or medication.
12. Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.
13. Deductible is waived for drugs on the PreventiveRx Plus drug list.
14. Mail-Order Specialty drugs – Up to a 31 day supply. All limits are unless adjusted based on the drug manufacturer's packaging size, or based on supply limits.

Bronze HMO

HSA QUALIFIED

Medical Benefits	HMO A	HMO B	HMO C†
Participating Health Plans	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Network Name	Full	Full	Full
Metal Tier	Bronze	Bronze	Bronze
Rx Benefits – Retail			
Generic	\$19 Copay (ded waived)	\$20 Copay (ded waived)	100% (combined Med/Rx ded)
Formulary Brand	\$450 / \$900 Ded – 60% (up to \$500 per prescription ²)	50% (up to \$500 per prescription ²) (combined Med/Rx ded)	100% (combined Med/Rx ded)
Non-Formulary Brand	\$450 / \$900 Ded – 60% (up to \$500 per prescription ²) (with physician approval)	50% (up to \$500 per prescription ²) (combined Med/Rx ded) (with physician approval)	100% (combined Med/Rx ded) (with physician approval)
Specialty	\$450 / \$900 Ded – 60% (up to \$500 per prescription ²) (with physician approval)	50% (up to \$500 per prescription ²) (combined Med/Rx ded) (with physician approval)	100% (combined Med/Rx ded) (with physician approval)
Rx Benefits – Mail Order			
Generic	\$38 Copay (ded waived)	\$40 Copay (ded waived)	100% (combined Med/Rx ded)
Formulary Brand	\$450 / \$900 Ded – 60% (up to \$500 per prescription ²)	50% (up to \$500 per prescription ²) (combined Med/Rx ded)	100% (combined Med/Rx ded)
Non-Formulary Brand	\$450 / \$900 Ded – 60% (up to \$500 per prescription ²) (with physician approval)	50% (up to \$500 per prescription ²) (combined Med/Rx ded) (with physician approval)	100% (combined Med/Rx ded) (with physician approval)
Specialty	\$450 / \$900 Ded – 60% (up to \$500 per prescription ²) (with physician approval)	50% (up to \$500 per prescription ²) (combined Med/Rx ded) (with physician approval)	100% (combined Med/Rx ded) (with physician approval)

Bronze HMO

Medical Benefits	HMO A	HMO B ⁺	HSA QUALIFIED	HMO A
Participating Health Plans	Sharp Health Plan	Sharp Health Plan		Sutter Health Plan
Network Name	Premier	Performance		Sutter Health Plan
Metal Tier	Bronze	Bronze		Bronze
Rx Benefits - Retail				
Generic	\$16 Copay (overall ded waived)	60% (up to \$500 per prescription ²) (combined Med/Rx ded)		\$19 Copay (ded waived) ⁶
Formulary Brand	\$60 Copay (overall ded waived)	60% (up to \$500 per prescription ²) (combined Med/Rx ded)		\$450 / \$900 Ded - 60% (up to \$500 per prescription ²) ⁶
Non-Formulary Brand	\$100 Copay (overall ded waived)	60% (up to \$500 per prescription ²) (combined Med/Rx ded)		\$450 / \$900 Ded - 60% (up to \$500 per prescription ²) ⁶
Specialty	Applicable Rx Copay (overall ded waived)	Applicable Rx Copay (combined Med/Rx ded)		\$450 / \$900 Ded - 60% (up to \$500 per prescription ²) ⁶
Rx Benefits – Mail Order				
Generic	\$32 Copay (overall ded waived)	60% (up to \$500 per prescription ²) (combined Med/Rx ded)		\$38 Copay (ded waived) ⁶
Formulary Brand	\$120 Copay (overall ded waived)	60% (up to \$500 per prescription ²) (combined Med/Rx ded)		\$450 / \$900 Ded - 60% (up to \$1,000 per prescription ²) ⁶
Non-Formulary Brand	\$200 Copay (overall ded waived)	60% (up to \$500 per prescription ²) (combined Med/Rx ded)		\$450 / \$900 Ded - 60% (up to \$1,000 per prescription ²) ⁶
Specialty	Applicable Rx Copay (overall ded waived)	Applicable Rx Copay (combined Med/Rx ded)		\$450 / \$900 Ded - 60% (up to \$1,000 per prescription ²) ⁶

Bronze HMO

Medical Benefits	HMO B†	HSA QUALIFIED	HMO B	HSA QUALIFIED	HMO C†
	Participating Health Plans	Sutter Health Plan		Western Health Advantage	
Network Name	Sutter Health Plan		Full		Full
Metal Tier	Bronze		Bronze		Bronze
Rx Benefits - Retail					
Generic	100% (combined Med/Rx ded) ⁶		\$19 Copay (ded waived)		100% (combined Med/Rx ded) ¹²
Formulary Brand	100% (combined Med/Rx ded) ⁶		\$450 / \$900 Ded - 60% (up to \$500 per 30 day supply) ^{10,11,12}		100% (combined Med/Rx ded) ^{10,12}
Non-Formulary Brand	100% (combined Med/Rx ded) ⁶		\$450 / \$900 Ded - 60% (up to \$500 per 30 day supply) ^{10,11,12}		100% (combined Med/Rx ded) ^{10,12}
Specialty	100% (combined Med/Rx ded) ⁶		\$450 / \$900 Ded - 60% (up to \$500 per 30 day supply) ^{11,12}		100% (combined Med/Rx ded) ¹²
Rx Benefits - Mail Order					
Generic	100% (combined Med/Rx ded) ⁶		\$38 Copay (ded waived)		100% (combined Med/Rx ded) ¹²
Formulary Brand	100% (combined Med/Rx ded) ⁶		\$450 / \$900 Ded - 60% (up to \$1,250 per 90 day supply) ^{10,11,12}		100% (combined Med/Rx ded) ^{10,12}
Non-Formulary Brand	100% (combined Med/Rx ded) ⁶		\$450 / \$900 Ded - 60% (up to \$1,250 per 90 day supply) ^{10,11,12}		100% (combined Med/Rx ded) ^{10,12}
Specialty	100% (combined Med/Rx ded) ⁶		\$450 / \$900 Ded - 60% (up to \$500 per 30 day supply) ^{11,12}		100% (combined Med/Rx ded) ¹²

Bronze PPO

Medical Benefits	PPO A [†] HSA QUALIFIED		PPO B [†] HSA QUALIFIED	
	Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross
Network Name	Prudent Buyer – Small Group		Select PPO	
Metal Tier	Bronze		Bronze	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$20 Copay / Level 2 \$20 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$20 Copay / Level 2 \$20 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$90 Copay / Level 2 \$100 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$90 Copay / Level 2 \$100 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$160 Copay / Level 2 \$170 Copay (combined Med/Rx ded) ¹	Not Covered	Level 1 \$160 Copay / Level 2 \$170 Copay (combined Med/Rx ded) ¹	Not Covered
Specialty	Level 1 70% (up to \$400 per prescription ²) / Level 2 60% (up to \$500 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$400 per prescription ²) / Level 2 60% (up to \$500 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$40 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$40 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$225 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$225 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$400 Copay (combined Med/Rx ded) ¹	Not Covered	Level 1 \$400 Copay (combined Med/Rx ded) ¹	Not Covered
Specialty	Level 1 70% (up to \$400 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$400 per prescription ²) (combined Med/Rx ded) (prior auth. required) ^{1,3}	Not Covered

Bronze PPO

Medical Benefits	PPO C		PPO D	
Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross	
Network Name	Prudent Buyer – Small Group		Select PPO	
Metal Tier	Bronze		Bronze	
	In-Network	Out-of-Network ⁷	In-Network	Out-of-Network ⁷
Rx Benefits - Retail				
Generic	Level 1 \$20 Copay / Level 2 \$20 Copay (ded waived) ¹	Not Covered	Level 1 \$20 Copay / Level 2 \$20 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$650 / \$1,300 Ded - Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Not Covered	\$650 / \$1,300 Ded - Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Not Covered
Non-Formulary Brand	\$650 / \$1,300 Ded - Level 1 \$160 Copay / Level 2 \$170 Copay ¹	Not Covered	\$650 / \$1,300 Ded - Level 1 \$160 Copay / Level 2 \$170 Copay ¹	Not Covered
Specialty	\$650 / \$1,300 Ded - Level 1 70% (up to \$400 per prescription ²) / Level 2 60% (up to \$500 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	\$650 / \$1,300 Ded - Level 1 70% (up to \$400 per prescription ²) / Level 2 60% (up to \$500 per prescription ²) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$40 Copay (ded waived) ¹	Not Covered	Level 1 \$40 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$650 / \$1,300 Ded - Level 1 \$225 Copay ¹	Not Covered	\$650 / \$1,300 Ded - Level 1 \$225 Copay ¹	Not Covered
Non-Formulary Brand	\$650 / \$1,300 Ded - Level 1 \$400 Copay ¹	Not Covered	\$650 / \$1,300 Ded - Level 1 \$400 Copay ¹	Not Covered
Specialty	\$650 / \$1,300 Ded - Level 1 70% (up to \$400 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	\$650 / \$1,300 Ded - Level 1 70% (up to \$400 per prescription ²) (prior auth. required) ^{1,3}	Not Covered

Bronze Footnotes

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

† HSA Qualified High Deductible Plan

1. The four prescription drug tiers are: tier 1 typically generic drugs and low-cost preferred brand name drugs; tier 2 typically non-preferred generic drugs, preferred brand name drugs; tier 3 typically non-preferred brand name drugs; and tier 4 typically drugs that are biologics or distributed through a specialty pharmacy. Plans use the RxChoice Tiered Network, which includes a choice of two levels of copays -- the first copay listed is for Level 1 pharmacies and the second copay listed is for Level 2.
2. Maximum member responsibility.
3. Classified specialty drugs must be obtained through Anthem's Specialty Pharmacy Program and are subject to the terms of the program.
4. The four prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary; Tier 4: Specialty.
5. See plan specific EOC for information regarding preventive drugs and women's contraceptives.
6. Cost sharing applies per prescription for up to a 30-day supply of prescribed and medically necessary generic or brand-name drugs in accordance with formulary guidelines. Except for specialty drugs, up to a 100-day supply is available, at twice the 30-day retail copayment price, through the mail-order pharmacy. Specialty drugs are available for up to a 30-day supply through the specialty pharmacy. Cost sharing for a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when applicable, will be up to four times the retail cost share. Member cost sharing for oral anti-cancer drugs shall not exceed \$250 per prescription for up to a 30-day supply. For HDHP plans, this \$250 maximum will not apply until after the deductible is met.
7. When you use an out-of-network provider, you will have higher cost sharing amounts to pay. Anthem's payment is based on a maximum allowed amount (includes certain benefits with maximum payment limits) and an out-of-network provider can charge you for amounts in excess of the Maximum Allowed Amount (there is an exception for Emergency Care received in California). In addition, only the maximum allowed amount for out of network services is applied towards your Out-of-Network deductible and out of pocket.
8. Specialty medication is tiered based on their cost efficiency and effectiveness. To see if there is a Specialty equivalent medication in this tier, please visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists>.
9. No change to how Specialty Drugs in Tier 4 are filled today.
10. If a Tier 1 medication is available but the member elects to receive a medication from Tier 2, 3 or 4 without medical indication from the Prescribing Provider, the member will be responsible for the applicable Tier 2-4 copayment plus the difference in cost between the Tier 1 medication and the purchased medication. The amount paid for the difference in cost does not apply to the deductible (when applicable) or contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service or medication.
12. Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.
13. Deductible is waived for drugs on the PreventiveRx Plus drug list.

A California Different® Way to do Health Care.



800.558.8003 | calchoice.com