

UNDERSTANDING YOUR Rx CHOICES

Groups Beginning 7/1/23



Table of Contents

Platinum HMO.....	1-7
Platinum PPO	8
Platinum EPO	9
Platinum Footnotes.....	10
Gold HMO.....	11-19
Gold PPO.....	20 - 22
Gold EPO.....	23
Gold Footnotes.....	24
Sliver HMO	25 - 32
Silver PPO.....	33 - 34
Sliver EPO.....	35 - 36
Sliver Footnotes	37
Bronze HMO.....	38 - 40
Bronze PPO.....	41 - 42
Bronze EPO.....	43 - 44
Bronze Footnotes.....	45

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

Groups Beginning 7/1/23

Medical Benefits	HMO A	HMO C	HMO D
Participating Health Plans	Anthem Blue Cross	Health Net	Health Net
Network Name	Select HMO	WholeCare	Salud HMO y Mas
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Level 1 \$5 Copay / Level 2 \$15 Copay ¹	\$5 Copay ^{4,5}	\$5 Copay ^{4,5}
Formulary Brand	Level 1 \$20 Copay / Level 2 \$30 Copay ¹	\$30 Copay ^{4,5}	\$30 Copay ^{4,5}
Non-Formulary Brand	Level 1 \$50 Copay / Level 2 \$60 Copay ¹	\$50 Copay ^{4,5}	\$50 Copay ^{4,5}
Specialty	Level 1 70% / Level 2 60% (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}
Rx Benefits - Mail Order			
Generic	Level 1 \$13 Copay ¹	\$10 Copay ^{4,5}	\$10 Copay ^{4,5}
Formulary Brand	Level 1 \$60 Copay ¹	\$75 Copay ^{4,5}	\$75 Copay ^{4,5}
Non-Formulary Brand	Level 1 \$150 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

Groups Beginning 7/1/23

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 A
Participating Health Plans	Kaiser Permanente	Kaiser Permanente	Sharp Health Plan
Network Name	Full	Full	Premier
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$5 Copay	\$5 Copay	\$10 Copay
Formulary Brand	\$15 Copay	\$20 Copay	\$25 Copay
Non-Formulary Brand	\$15 Copay (with physician approval)	\$20 Copay (with physician approval)	\$50 Copay
Specialty	90% (up to \$250 per prescription ²) (with physician approval)	90% (up to \$250 per prescription ²) (with physician approval)	Applicable Rx Copay
Rx Benefits - Mail Order			
Generic	\$10 Copay	\$10 Copay	\$20 Copay
Formulary Brand	\$30 Copay	\$40 Copay	\$50 Copay
Non-Formulary Brand	\$30 Copay (with physician approval)	\$40 Copay (with physician approval)	\$100 Copay
Specialty	90% (up to \$250 per prescription ²) (with physician approval)	90% (up to \$250 per prescription ²) (with physician approval)	Applicable Rx Copay

Platinum HMO

Groups Beginning 7/1/23

Medical Benefits	HMO B	HMO C	HMO A
Participating Health Plans	Sharp Health Plan	Sharp Health Plan	Sutter Health Plus
Network Name	Performance	Premier	Sutter Health Plus
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$10 Copay	\$10 Copay	\$5 Copay ^{6,13}
Formulary Brand	\$25 Copay	\$25 Copay	\$20 Copay ^{6,13}
Non-Formulary Brand	\$50 Copay	\$50 Copay	\$30 Copay ^{6,13}
Specialty	Applicable Rx Copay	Applicable Rx Copay	90% (up to \$250 per prescription ²) ^{6,13}
Rx Benefits - Mail Order			
Generic	\$20 Copay	\$20 Copay	\$10 Copay ^{6,13}
Formulary Brand	\$50 Copay	\$50 Copay	\$40 Copay ^{6,13}
Non-Formulary Brand	\$100 Copay	\$100 Copay	\$60 Copay ^{6,13}
Specialty	Applicable Rx Copay	Applicable Rx Copay	90% (up to \$250 per prescription ²) ^{6,13}

Medical Benefits	HMO B	HMO A	HMO B
Participating Health Plans	Sutter Health Plus	UnitedHealthcare	UnitedHealthcare
Network Name	Sutter Health Plus	SignatureValue	SignatureValue
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	\$5 Copay ^{6,13}	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	\$15 Copay ^{6,13}	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$20 Copay / Tier 2 Specialty \$150 Copay ⁸
Non-Formulary Brand	\$30 Copay ^{6,13}	Tier 3 Non-Specialty \$80 Copay / Tier 3 Specialty \$250 Copay ⁸	Tier 3 Non-Specialty \$50 Copay / Tier 3 Specialty \$250 Copay ⁸
Specialty	90% (up to \$250 per prescription ²) ^{6,13}	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	\$10 Copay ^{6,13}	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	\$30 Copay ^{6,13}	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ^{8,12}
Non-Formulary Brand	\$60 Copay ^{6,13}	Tier 3 Non-Specialty \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ^{8,12}
Specialty	90% (up to \$250 per prescription ²) ^{6,13}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}

Platinum HMO

Groups Beginning 7/1/23

Medical Benefits	HMO C	HMO E	HMO G
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Alliance	SignatureValue	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 \$40 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 \$80 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 \$80 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 \$160 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}

Platinum HMO

Groups Beginning 7/1/23

Medical Benefits	HMO H	HMO I	HMO J
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Harmony	Harmony	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 \$40 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 \$80 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 \$80 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 \$160 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}

Platinum HMO

Groups Beginning 7/1/23

Medical Benefits	HMO K	HMO L	HMO M
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Harmony	SignatureValue	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 \$30 Copay / Tier 2 Specialty \$150 Copay ⁸	Tier 2 Non-Specialty \$20 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 \$50 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 \$40 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 \$100 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

Groups Beginning 7/1/23

Medical Benefits	HMO N	HMO A	HMO B
Participating Health Plans	UnitedHealthcare	Western Health Advantage	Western Health Advantage
Network Name	Alliance	Full	Full
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$5 Copay / Tier 1 Specialty \$5 Copay ⁸	\$10 Copay	\$5 Copay
Formulary Brand	Tier 2 Non-Specialty \$20 Copay / Tier 2 Specialty \$150 Copay ⁸	\$30 Copay ¹⁰	\$20 Copay ¹⁰
Non-Formulary Brand	Tier 3 Non-Specialty \$50 Copay / Tier 3 Specialty \$250 Copay ⁸	\$50 Copay ¹⁰	\$30 Copay ¹⁰
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	80% (up to \$250 per 30 day supply ²) ¹¹	90% (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}	\$25 Copay	\$13 Copay
Formulary Brand	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ^{8,12}	\$75 Copay ¹⁰	\$50 Copay ¹⁰
Non-Formulary Brand	Tier 3 Non-Specialty \$100 Copay / Tier 3 Specialty \$250 Copay ^{8,12}	\$125 Copay ¹⁰	\$75 Copay ¹⁰
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,12}	80% (up to \$250 per 30 day supply ²) ¹¹	90% (up to \$250 per 30 day supply ²) ¹¹

Medical Benefits	HMO C
Participating Health Plans	Western Health Advantage
Network Name	Full
Metal Tier	Platinum
Rx Benefits - Retail	
Generic	\$5 Copay
Formulary Brand	\$30 Copay ¹⁰
Non-Formulary Brand	\$50 Copay ¹⁰
Specialty	80% (up to \$250 per 30 day supply ²) ¹¹
Rx Benefits – Mail Order	
Generic	\$13 Copay
Formulary Brand	\$75 Copay ¹⁰
Non-Formulary Brand	\$125 Copay ¹⁰
Specialty	80% (up to \$250 per 30 day supply ²) ¹¹

Platinum PPO

Groups Beginning 7/1/23

Medical Benefits	PPO A	
Participating Health Plans	Anthem Blue Cross	
Network Name	Prudent Buyer – Small Group	
Metal Tier	Platinum	
	In-Network	Out-of-Network ⁷
Rx Benefits - Retail		
Generic	Level 1 \$5 Copay / Level 2 \$15 Copay ¹	Not Covered
Formulary Brand	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
Specialty	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 \$13 Copay ¹	Not Covered
Formulary Brand	Level 1 \$45 Copay ¹	Not Covered
Non-Formulary Brand	Level 1 \$135 Copay ¹	Not Covered
Specialty	Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered

Platinum EPO

Groups Beginning 7/1/23

Medical Benefits	EPO C	EPO D	EPO E
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	LocalPlus
Metal Tier	Platinum	Platinum	Platinum
Rx Benefits – Retail			
Generic	\$5 Copay	\$5 Copay (overall ded waived)	\$10 Copay (overall ded waived)
Formulary Brand	\$30 Copay	\$30 Copay (overall ded waived)	\$35 Copay (overall ded waived)
Non-Formulary Brand	\$50 Copay	\$50 Copay (overall ded waived)	\$75 Copay (overall ded waived)
Specialty	90% (up to \$250 per prescription ²)	90% (up to \$250 per prescription ²) (overall ded waived)	90% (up to \$250 per prescription ²) (overall ded waived)
Rx Benefits – Mail Order			
Generic	\$15 Copay	\$15 Copay (overall ded waived)	\$30 Copay (overall ded waived)
Formulary Brand	\$90 Copay	\$90 Copay (overall ded waived)	\$105 Copay (overall ded waived)
Non-Formulary Brand	\$150 Copay	\$150 Copay (overall ded waived)	\$225 Copay (overall ded waived)
Specialty	90% (up to \$250 per prescription ²)	90% (up to \$250 per prescription ²) (overall ded waived)	90% (up to \$250 per prescription ²) (overall ded waived)

Medical Benefits	EPO F	EPO G
Participating Health Plans	Cigna + Oscar	Cigna + Oscar
Network Name	Open Access Plus	Open Access Plus
Metal Tier	Platinum	Platinum
Rx Benefits – Retail		
Generic	\$5 Copay	\$10 Copay
Formulary Brand	\$30 Copay	\$35 Copay
Non-Formulary Brand	\$50 Copay	\$75 Copay
Specialty	90% (up to \$250 per prescription ²)	90% (up to \$250 per prescription ²)
Rx Benefits – Mail Order		
Generic	\$15 Copay	\$30 Copay
Formulary Brand	\$90 Copay	\$105 Copay
Non-Formulary Brand	\$150 Copay	\$225 Copay
Specialty	90% (up to \$250 per prescription ²)	90% (up to \$250 per prescription ²)

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 12 times the retail cost or four times the mail-order cost. 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. Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
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

Groups Beginning 7/1/23

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 \$25 Copay ¹	Level 1 \$25 Copay ¹	Level 1 \$25 Copay ¹
Formulary Brand	Level 1 \$150 Copay ¹	Level 1 \$150 Copay ¹	Level 1 \$150 Copay ¹
Non-Formulary Brand	Level 1 \$270 Copay ¹	Level 1 \$270 Copay ¹	Level 1 \$270 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	\$15 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	\$30 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

Groups Beginning 7/1/23

Medical Benefits	HMO D	HMO E	HMO F
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}	\$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	\$30 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}

Medical Benefits	HMO G	HMO H	HMO I
Participating Health Plans	Health Net	Health Net	Health Net
Network Name	Full	SmartCare	SmartCare
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 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	\$30 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

Groups Beginning 7/1/23

Medical Benefits	HMO B	HMO C	HMO D
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 (overall ded waived)	\$15 Copay	\$20 Copay (ded waived)
Formulary Brand	\$40 Copay (overall ded waived)	\$50 Copay	\$250 / \$500 Ded - \$50 Copay
Non-Formulary Brand	\$40 Copay (overall ded waived) (with physician approval)	\$50 Copay (with physician approval)	\$250 / \$500 Ded - \$50 Copay (with physician approval)
Specialty	80% (up to \$250 per prescription ²) (overall ded waived) (with physician approval)	80% (up to \$250 per prescription ²) (with physician approval)	\$250 / \$500 Ded - 80% (up to \$250 per prescription ²) (with physician approval)
Rx Benefits – Mail Order			
Generic	\$30 Copay (overall ded waived)	\$30 Copay	\$40 Copay (ded waived)
Formulary Brand	\$80 Copay (overall ded waived)	\$100 Copay	\$250 / \$500 Ded - \$100 Copay
Non-Formulary Brand	\$80 Copay (overall ded waived) (with physician approval)	\$100 Copay (with physician approval)	\$250 / \$500 Ded - \$100 Copay (with physician approval)
Specialty	80% (up to \$250 per prescription ²) (overall ded waived) (with physician approval)	80% (up to \$250 per prescription ²) (with physician approval)	\$250 / \$500 Ded - 80% (up to \$250 per prescription ²) (with physician approval)

Medical Benefits	HMO E [†]	HMO A	HMO B
Participating Health Plans	Kaiser Permanente	Sharp Health Plan	Sharp Health Plan
Network Name	Full	Performance	Premier
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay (combined Med/Rx ded)	\$16 Copay (ded waived)	\$16 Copay (ded waived)
Formulary Brand	\$45 Copay (combined Med/Rx ded)	\$200 / \$400 Ded - \$35 Copay	\$400 / \$800 Ded - \$40 Copay
Non-Formulary Brand	\$45 Copay (combined Med/Rx ded) (with physician approval)	\$200 / \$400 Ded - \$70 Copay	\$400 / \$800 Ded - \$75 Copay
Specialty	85% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$200 / \$400 Ded – Applicable Rx Copay	\$400 / \$800 Ded – Applicable Rx Copay
Rx Benefits – Mail Order			
Generic	\$30 Copay (combined Med/Rx ded)	\$32 Copay (ded waived)	\$32 Copay (ded waived)
Formulary Brand	\$90 Copay (combined Med/Rx ded)	\$200 / \$400 Ded - \$70 Copay	\$400 / \$800 Ded - \$80 Copay
Non-Formulary Brand	\$90 Copay (combined Med/Rx ded) (with physician approval)	\$200 / \$400 Ded - \$140 Copay	\$400 / \$800 Ded - \$150 Copay
Specialty	85% (up to \$250 per prescription ²) (combined Med/Rx ded) (with physician approval)	\$200 / \$400 Ded – Applicable Rx Copay	\$400 / \$800 Ded – Applicable Rx Copay

Gold HMO

Groups Beginning 7/1/23

Medical Benefits	HMO D	HMO A	HMO B
Participating Health Plans	Sharp Health Plan	Sutter Health Plus	Sutter Health Plus
Network Name	Performance	Sutter Health Plus	Sutter Health Plus
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$16 Copay	\$15 Copay (overall ded waived) ⁶	\$15 Copay (overall ded waived) ⁶
Formulary Brand	\$35 Copay	\$30 Copay (overall ded waived) ⁶	\$40 Copay (overall ded waived) ⁶
Non-Formulary Brand	\$70 Copay	\$50 Copay (overall ded waived) ⁶	\$70 Copay (overall ded waived) ⁶
Specialty	Applicable Rx Copay	80% (up to \$250 per prescription ²) (overall ded waived) ⁶	80% (up to \$250 per prescription ²) (overall ded waived) ⁶
Rx Benefits – Mail Order			
Generic	\$32 Copay	\$30 Copay (overall ded waived) ⁶	\$30 Copay (overall ded waived) ⁶
Formulary Brand	\$70 Copay	\$60 Copay (overall ded waived) ⁶	\$80 Copay (overall ded waived) ⁶
Non-Formulary Brand	\$140 Copay	\$100 Copay (overall ded waived) ⁶	\$140 Copay (overall ded waived) ⁶
Specialty	Applicable Rx Copay	80% (up to \$250 per prescription ²) (overall ded waived) ⁶	80% (up to \$250 per prescription ²) (overall ded waived) ⁶

Medical Benefits	HMO C [†]	HMO A	HMO B
Participating Health Plans	Sutter Health Plus	UnitedHealthcare	UnitedHealthcare
Network Name	Sutter Health Plus	SignatureValue	Alliance
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay (combined Med/Rx ded) ⁶	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	\$50 Copay (combined Med/Rx ded) ⁶	\$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	\$80 Copay (combined Med/Rx ded) ⁶	\$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	80% (up to \$250 per prescription ²) (combined Med/Rx ded) ⁶	\$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	\$30 Copay (combined Med/Rx ded) ⁶	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	\$100 Copay (combined Med/Rx ded) ⁶	\$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	\$160 Copay (combined Med/Rx ded) ⁶	\$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	80% (up to \$250 per prescription ²) (combined Med/Rx ded) ⁶	\$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}

Gold HMO

Groups Beginning 7/1/23

Medical Benefits	HMO F	HMO G	HMO H
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 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	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	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	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 ^{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	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	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	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}

Gold HMO

Groups Beginning 7/1/23

Medical Benefits	HMO J	HMO L	HMO M
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 (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

Groups Beginning 7/1/23

Medical Benefits	HMO N	HMO O	HMO P
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network Name	Harmony	Alliance	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 ⁸
Formulary Brand	\$100 / \$200 Ded - Tier 2 Non-Specialty \$50 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	\$100 / \$200 Ded - Tier 3 Non-Specialty \$100 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	\$100 / \$200 Ded - 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 (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 ^{8,13}
Formulary Brand	\$100 / \$200 Ded - Tier 2 Non-Specialty \$100 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	Tier 2 Non-Specialty \$80 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 \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	Tier 3 Non-Specialty \$160 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}	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}

Gold HMO

Groups Beginning 7/1/23

Medical Benefits	HMO Q	HMO A	HMO B
Participating Health Plans	UnitedHealthcare	Western Health Advantage	Western Health Advantage
Network Name	Harmony	Full	Full
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	Tier 1 Non-Specialty \$15 Copay / Tier 1 Specialty \$15 Copay ⁸	\$20 Copay	\$15 Copay (overall ded waived)
Formulary Brand	Tier 2 Non-Specialty \$40 Copay / Tier 2 Specialty \$150 Copay ⁸	\$50 Copay ¹⁰	\$40 Copay (overall ded waived) ¹⁰
Non-Formulary Brand	Tier 3 Non-Specialty \$80 Copay / Tier 3 Specialty \$250 Copay ⁸	\$75 Copay ¹⁰	\$70 Copay (overall ded waived) ¹⁰
Specialty	Tier 4 75% (up to \$250 per prescription ²) ⁹	80% (up to \$250 per 30 day supply ²) ¹¹	80% (up to \$250 per 30 day supply ²) (overall ded waived) ¹¹
Rx Benefits – Mail Order			
Generic	Tier 1 Non-Specialty \$30 Copay / Tier 1 Specialty \$15 Copay ^{8,13}	\$50 Copay	\$38 Copay (overall ded waived)
Formulary Brand	Tier 2 Non-Specialty \$80 Copay / Tier 2 Specialty \$150 Copay ^{8,13}	\$125 Copay ¹⁰	\$100 Copay (overall ded waived) ¹⁰
Non-Formulary Brand	Tier 3 Non-Specialty \$160 Copay / Tier 3 Specialty \$250 Copay ^{8,13}	\$188 Copay ¹⁰	\$175 Copay (overall ded waived) ¹⁰
Specialty	Tier 4 75% (up to \$500 per prescription ²) ^{9,13}	80% (up to \$250 per 30 day supply ²) ¹¹	80% (up to \$250 per 30 day supply ²) (overall ded waived) ¹¹

Gold HMO

Groups Beginning 7/1/23

HSA QUALIFIED

Medical Benefits	HMO C	HMO D†
Participating Health Plans	Western Health Advantage	Western Health Advantage
Network Name	Full	Full
Metal Tier	Gold	Gold
Rx Benefits - Retail		
Generic	\$10 Copay (ded waived)	100% (combined Med/Rx ded) ¹²
Formulary Brand	\$500 / \$1,000 Ded - \$50 Copay ^{10,12}	\$40 Copay (combined Med/Rx ded) ^{10,12}
Non-Formulary Brand	\$500 / \$1,000 Ded - \$75 Copay ^{10,12}	\$60 Copay (combined Med/Rx ded) ^{10,12}
Specialty	\$500 / \$1,000 Ded - 80% (up to \$250 per 30 day supply ²) ^{11,12}	80% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}
Rx Benefits – Mail Order		
Generic	\$25 Copay (ded waived)	100% (combined Med/Rx ded) ¹²
Formulary Brand	\$500 / \$1,000 Ded - \$125 Copay ^{10,12}	\$100 Copay (combined Med/Rx ded) ^{10,12}
Non-Formulary Brand	\$500 / \$1,000 Ded - \$188 Copay ^{10,12}	\$150 Copay (combined Med/Rx ded) ^{10,12}
Specialty	\$500 / \$1,000 Ded - 80% (up to \$250 per 30 day supply ²) ^{11,12}	80% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}

Gold PPO

Groups Beginning 7/1/23

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 \$25 Copay (ded waived) ¹	Not Covered	Level 1 \$25 Copay (overall ded waived) ¹	Not Covered
Formulary Brand	\$250 / \$500 Ded - Level 1 \$150 Copay ¹	Not Covered	Level 1 \$150 Copay (overall ded waived) ¹	Not Covered
Non-Formulary Brand	\$250 / \$500 Ded - Level 1 \$270 Copay ¹	Not Covered	Level 1 \$270 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

Groups Beginning 7/1/23

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 \$25 Copay (ded waived) ¹	Not Covered	Level 1 \$25 Copay (overall ded waived) ¹	Not Covered
Formulary Brand	\$250 / \$500 Ded - Level 1 \$150 Copay ¹	Not Covered	Level 1 \$150 Copay (overall ded waived) ¹	Not Covered
Non-Formulary Brand	\$250 / \$500 Ded - Level 1 \$270 Copay ¹	Not Covered	Level 1 \$270 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

Groups Beginning 7/1/23

Medical Benefits	PPO F		PPO G	
Participating Health Plans	Anthem Blue Cross		Anthem Blue Cross	
Network Name	Prudent Buyer – Small Group		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 (ded waived) ¹	Not Covered
Formulary Brand	\$150 / \$300 Ded - Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Not Covered	\$150 / \$300 Ded - Level 1 \$50 Copay / Level 2 \$60 Copay ¹	Not Covered
Non-Formulary Brand	\$150 / \$300 Ded - Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Not Covered	\$150 / \$300 Ded - Level 1 \$90 Copay / Level 2 \$100 Copay ¹	Not Covered
Specialty	\$150 / \$300 Ded - Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	\$150 / \$300 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 \$25 Copay (ded waived) ¹	Not Covered	Level 1 \$25 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$150 / \$300 Ded - Level 1 \$150 Copay ¹	Not Covered	\$150 / \$300 Ded - Level 1 \$150 Copay ¹	Not Covered
Non-Formulary Brand	\$150 / \$300 Ded - Level 1 \$270 Copay ¹	Not Covered	\$150 / \$300 Ded - Level 1 \$270 Copay ¹	Not Covered
Specialty	\$150 / \$300 Ded - Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered	\$150 / \$300 Ded - Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}	Not Covered

Gold EPO

Groups Beginning 7/1/23

Medical Benefits	EPO C	EPO D	EPO E
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	LocalPlus
Metal Tier	Gold	Gold	Gold
Rx Benefits - Retail			
Generic	\$15 Copay	\$15 Copay (ded waived)	\$15 Copay (ded waived)
Formulary Brand	\$40 Copay	\$300 / \$600 Ded - \$45 Copay	\$300 / \$600 Ded - \$45 Copay
Non-Formulary Brand	\$90 Copay	\$300 / \$600 Ded - \$90 Copay	\$300 / \$600 Ded - \$90 Copay
Specialty	70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)
Rx Benefits - Mail Order			
Generic	\$45 Copay	\$45 Copay (ded waived)	\$45 Copay (ded waived)
Formulary Brand	\$120 Copay	\$300 / \$600 Ded - \$135 Copay	\$300 / \$600 Ded - \$135 Copay
Non-Formulary Brand	\$270 Copay	\$300 / \$600 Ded - \$270 Copay	\$300 / \$600 Ded - \$270 Copay
Specialty	70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)

Medical Benefits	EPO F	EPO G
Participating Health Plans	Cigna + Oscar	Cigna + Oscar
Network Name	Open Access Plus	Open Access Plus
Metal Tier	Gold	Gold
Rx Benefits - Retail		
Generic	\$15 Copay	\$15 Copay (ded waived)
Formulary Brand	\$40 Copay	\$300 / \$600 Ded - \$45 Copay
Non-Formulary Brand	\$90 Copay	\$300 / \$600 Ded - \$90 Copay
Specialty	70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)
Rx Benefits - Mail Order		
Generic	\$45 Copay	\$45 Copay (ded waived)
Formulary Brand	\$120 Copay	\$300 / \$600 Ded - \$135 Copay
Non-Formulary Brand	\$270 Copay	\$300 / \$600 Ded - \$270 Copay
Specialty	70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)

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 12 times the retail cost or four times the mail-order cost. 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. Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
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

Groups Beginning 7/1/23

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	Silver	Silver	Silver
Rx Benefits – Retail			
Generic	Level 1 \$15 Copay / Level 2 \$20 Copay (ded waived) ¹	Level 1 \$15 Copay / Level 2 \$20 Copay (ded waived) ¹	Level 1 \$15 Copay / Level 2 \$20 Copay (ded waived) ¹
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	\$300 / \$600 Ded – Level 1 \$70 Copay / Level 2 \$80 Copay ¹
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	\$300 / \$600 Ded – Level 1 \$110 Copay / Level 2 \$120 Copay ¹
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}	\$300 / \$600 Ded – Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}
Rx Benefits – Mail Order			
Generic	Level 1 \$38 Copay (ded waived) ¹	Level 1 \$38 Copay (ded waived) ¹	Level 1 \$38 Copay (ded waived) ¹
Formulary Brand	\$300 / \$600 Ded – Level 1 \$210 Copay ¹	\$300 / \$600 Ded – Level 1 \$210 Copay ¹	\$300 / \$600 Ded – Level 1 \$210 Copay ¹
Non-Formulary Brand	\$300 / \$600 Ded – Level 1 \$330 Copay ¹	\$300 / \$600 Ded – Level 1 \$330 Copay ¹	\$300 / \$600 Ded – Level 1 \$330 Copay ¹
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}	\$300 / \$600 Ded – Level 1 70% (up to \$250 per prescription ²) (prior auth. required) ^{1,3}

Silver HMO

Groups Beginning 7/1/23

Medical Benefits	HMO A	HMO C	HMO D
Participating Health Plans	Health Net	Health Net	Health Net
Network Name	WholeCare	CommunityCare	Full
Metal Tier	Silver	Silver	Silver
Rx Benefits - Retail			
Generic	\$20 Copay (ded waived) ^{4,5}	\$20 Copay (ded waived) ^{4,5}	\$20 Copay (ded waived) ^{4,5}
Formulary Brand	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) ^{4,5}	\$350 / \$700 Ded – 60% (up to \$250 per prescription ²) ^{4,5}	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) ^{4,5}
Non-Formulary Brand	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) ^{4,5}	\$350 / \$700 Ded – 60% (up to \$250 per prescription ²) ^{4,5}	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) ^{4,5}
Specialty	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	\$350 / \$700 Ded – 60% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}	\$750 / \$1,500 Ded – 50% (up to \$250 per prescription ²) (prior auth. required) ^{4,5}
Rx Benefits – Mail Order			
Generic	\$40 Copay (ded waived) ^{4,5}	\$40 Copay (ded waived) ^{4,5}	\$40 Copay (ded waived) ^{4,5}
Formulary Brand	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) ^{4,5}	\$350 / \$700 Ded – 60% (up to \$750 per prescription ²) ^{4,5}	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) ^{4,5}
Non-Formulary Brand	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) ^{4,5}	\$350 / \$700 Ded – 60% (up to \$750 per prescription ²) ^{4,5}	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) ^{4,5}
Specialty	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) (prior auth. required) ^{4,5}	\$350 / \$700 Ded – 60% (up to \$750 per prescription ²) (prior auth. required) ^{4,5}	\$750 / \$1,500 Ded – 50% (up to \$750 per prescription ²) (prior auth. required) ^{4,5}

Silver HMO

Groups Beginning 7/1/23

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)	\$370 / \$740 Ded - \$85 Copay
Non-Formulary Brand	\$500 / \$1,000 Ded - \$100 Copay (with physician approval)	\$100 Copay (ded waived) (with physician approval)	\$370 / \$740 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)	\$370 / \$740 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)	\$370 / \$740 Ded - \$170 Copay
Non-Formulary Brand	\$500 / \$1,000 Ded - \$200 Copay (with physician approval)	\$200 Copay (ded waived) (with physician approval)	\$370 / \$740 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)	\$370 / \$740 Ded - 70% (up to \$250 per prescription ²) (with physician approval)

Silver HMO

Groups Beginning 7/1/23

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 - \$105 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 - \$210 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

Groups Beginning 7/1/23

Medical Benefits	HMO B	HMO C	HMO B
Participating Health Plans	Sharp Health Plan	Sharp Health Plan	Sutter Health Plus
Network Name	Performance	Premier	Sutter Health Plus
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	\$250 / \$500 Ded - \$100 Copay	\$130 Copay (overall ded waived)	\$300 / \$600 Ded - \$85 Copay ⁶
Non-Formulary Brand	\$250 / \$500 Ded - \$160 Copay	\$150 Copay (overall ded waived)	\$300 / \$600 Ded - \$110 Copay ⁶
Specialty	\$250 / \$500 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	\$250 / \$500 Ded - \$200 Copay	\$260 Copay (overall ded waived)	\$300 / \$600 Ded - \$170 Copay ⁶
Non-Formulary Brand	\$250 / \$500 Ded - \$320 Copay	\$300 Copay (overall ded waived)	\$300 / \$600 Ded - \$220 Copay ⁶
Specialty	\$250 / \$500 Ded - Applicable Rx Copay	Applicable Rx Copay (overall ded waived)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²) ⁶

Silver HMO

Groups Beginning 7/1/23

Medical Benefits	HSA QUALIFIED		
	HMO C†	HMO A	HMO E
Participating Health Plans	Sutter Health Plus	UnitedHealthcare	UnitedHealthcare
Network Name	Sutter Health Plus	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

Groups Beginning 7/1/23

Medical Benefits	HMO F	HMO G	HMO A
Participating Health Plans	UnitedHealthcare	UnitedHealthcare	Western Health Advantage
Network Name	Harmony	Harmony	Full
Metal Tier	Silver	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	\$20 Copay (ded waived)
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	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{10,11,12}
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	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{10,11,12}
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	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{11,12}
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}	\$50 Copay (ded waived)
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}	\$500 / \$1,000 Ded – 70% (up to \$625 per 90 day supply ²) ^{10,11,12}
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}	\$500 / \$1,000 Ded – 70% (up to \$625 per 90 day supply ²) ^{10,11,12}
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}	\$500 / \$1,000 Ded – 70% (up to \$250 per 30 day supply ²) ^{11,12}

Silver HMO

Groups Beginning 7/1/23

Medical Benefits	HMO B	HMO C [†]	HSA QUALIFIED
Participating Health Plans	Western Health Advantage	Western Health Advantage	
Network Name	Full	Full	
Metal Tier	Silver	Silver	
Rx Benefits - Retail			
Generic	\$19 Copay (ded waived)	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{11,12}	
Formulary Brand	\$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	\$300 / \$600 Ded - \$110 Copay ^{10,12}	75% (up to \$250 per 30 day supply ²) (combined Med/Rx ded) ^{10,11,12}	
Specialty	\$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	\$48 Copay (ded waived)	75% (up to \$625 per 90 day supply ²) (combined Med/Rx ded) ^{11,12}	
Formulary Brand	\$300 / \$600 Ded - \$213 Copay ^{10,12}	75% (up to \$625 per 90 day supply ²) (combined Med/Rx ded) ^{10,11,12}	
Non-Formulary Brand	\$300 / \$600 Ded - \$275 Copay ^{10,12}	75% (up to \$625 per 90 day supply ²) (combined Med/Rx ded) ^{10,11,12}	
Specialty	\$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

Groups Beginning 7/1/23

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 \$38 Copay (ded waived) ¹	Not Covered	Level 1 \$38 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$300 / \$600 Ded - Level 1 \$210 Copay ¹	Not Covered	\$300 / \$600 Ded - Level 1 \$210 Copay ¹	Not Covered
Non-Formulary Brand	\$300 / \$600 Ded - Level 1 \$330 Copay ¹	Not Covered	\$300 / \$600 Ded - Level 1 \$330 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

Groups Beginning 7/1/23

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/Pediatric dental ded) ^{1,13}	Not Covered	Level 1 \$15 Copay / Level 2 \$20 Copay (combined Med/Rx/Pediatric dental ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$70 Copay / Level 2 \$80 Copay (combined Med/Rx/Pediatric dental ded) ^{1,13}	Not Covered	Level 1 \$70 Copay / Level 2 \$80 Copay (combined Med/Rx/Pediatric dental ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$110 Copay / Level 2 \$120 Copay (combined Med/Rx/Pediatric dental ded) ¹	Not Covered	Level 1 \$110 Copay / Level 2 \$120 Copay (combined Med/Rx/Pediatric dental ded) ¹	Not Covered
Specialty	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% / Level 2 60% (up to \$250 per prescription ²) (combined Med/Rx /Pediatric dental ded) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$38 Copay (combined Med/Rx/ Pediatric dental ded) ^{1,13}	Not Covered	Level 1 \$38 Copay (combined Med/Rx/ Pediatric dental ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$210 Copay (combined Med/Rx/ Pediatric dental ded) ^{1,13}	Not Covered	Level 1 \$210 Copay (combined Med/Rx/ Pediatric dental ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$330 Copay (combined Med/Rx/ Pediatric dental ded) ¹	Not Covered	Level 1 \$330 Copay (combined Med/Rx/ Pediatric dental ded) ¹	Not Covered
Specialty	Level 1 70% (up to \$250 per prescription ²) (combined Med/Rx/ Pediatric dental ded) (prior auth. required) ^{1,3}	Not Covered	Level 1 70% (up to \$250 per prescription ²) (combined Med/Rx/ Pediatric dental ded) (prior auth. required) ^{1,3}	Not Covered

Silver EPO

Groups Beginning 7/1/23

HSA QUALIFIED

Medical Benefits	EPO C	EPO D	EPO E [†]
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	LocalPlus
Metal Tier	Silver	Silver	Silver
Rx Benefits - Retail			
Generic	\$25 Copay (ded waived)	\$25 Copay (ded waived)	\$15 Copay (combined Med/Rx/ Pediatric dental ded)
Formulary Brand	\$300 / \$600 Ded - \$75 Copay	\$300 / \$600 Ded - \$80 Copay	\$60 Copay (combined Med/Rx/ Pediatric dental ded)
Non-Formulary Brand	\$300 / \$600 Ded - \$125 Copay	\$300 / \$600 Ded - \$125 Copay	\$90 Copay (combined Med/Rx/ Pediatric dental ded)
Specialty	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	70% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)
Rx Benefits - Mail Order			
Generic	\$75 Copay (ded waived)	\$75 Copay (ded waived)	\$45 Copay (combined Med/Rx/ Pediatric dental ded)
Formulary Brand	\$300 / \$600 Ded - \$225 Copay	\$300 / \$600 Ded - \$240 Copay	\$180 Copay (combined Med/Rx/ Pediatric dental ded)
Non-Formulary Brand	\$300 / \$600 Ded - \$375 Copay	\$300 / \$600 Ded - \$375 Copay	\$270 Copay (combined Med/Rx/ Pediatric dental ded)
Specialty	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	70% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)

Silver EPO

Groups Beginning 7/1/23

Medical Benefits	EPO F	EPO G [†]
Participating Health Plans	Cigna + Oscar	Cigna + Oscar
Network Name	Open Access Plus	Open Access Plus
Metal Tier	Silver	Silver
Rx Benefits - Retail		
Generic	\$25 Copay (ded waived)	\$15 Copay (combined Med/Rx/ Pediatric dental ded)
Formulary Brand	\$300 / \$600 Ded - \$75 Copay	\$60 Copay (combined Med/Rx/ Pediatric dental ded)
Non-Formulary Brand	\$300 / \$600 Ded - \$125 Copay	\$90 Copay (combined Med/Rx/ Pediatric dental ded)
Specialty	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	70% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)
Rx Benefits – Mail Order		
Generic	\$75 Copay (ded waived)	\$45 Copay (combined Med/Rx/ Pediatric dental ded)
Formulary Brand	\$300 / \$600 Ded - \$225 Copay	\$180 Copay (combined Med/Rx/ Pediatric dental ded)
Non-Formulary Brand	\$300 / \$600 Ded - \$375 Copay	\$270 Copay (combined Med/Rx/ Pediatric dental ded)
Specialty	\$300 / \$600 Ded - 70% (up to \$250 per prescription ²)	70% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)

HSA QUALIFIED

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 12 times the retail cost or four times the mail-order cost. 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. Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
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

Groups Beginning 7/1/23

Medical Benefits	HMO A	HMO A	HMO B
Participating Health Plans	Health Net	Kaiser Permanente	Kaiser Permanente
Network Name	CommunityCare	Full	Full
Metal Tier	Bronze	Bronze	Bronze
Rx Benefits – Retail			
Generic	\$500 / \$1,000 Ded - \$18 Copay ^{4,5}	\$500 / \$1,000 Ded - \$18 Copay	\$20 Copay (ded waived)
Formulary Brand	\$500 / \$1,000 Ded – 60% (up to \$500 per prescription ²) ^{4,5}	\$500 / \$1,000 Ded – 60% (up to \$500 per prescription ²)	50% (up to \$500 per prescription ²) (combined Med/Rx ded)
Non-Formulary Brand	\$500 / \$1,000 Ded – 60% (up to \$500 per prescription ²) ^{4,5}	\$500 / \$1,000 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)
Specialty	\$500 / \$1,000 Ded – 60% (up to \$500 per prescription ²) (prior auth. required) ^{4,5}	\$500 / \$1,000 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)
Rx Benefits – Mail Order			
Generic	\$500 / \$1,000 Ded - \$36 Copay ^{4,5}	\$500 / \$1,000 Ded - \$36 Copay	\$40 Copay (ded waived)
Formulary Brand	\$500 / \$1,000 Ded – 60% (up to \$1,500 per prescription ²) ^{4,5}	\$500 / \$1,000 Ded – 60% (up to \$500 per prescription ²)	50% (up to \$500 per prescription ²) (combined Med/Rx ded)
Non-Formulary Brand	\$500 / \$1,000 Ded – 60% (up to \$1,500 per prescription ²) ^{4,5}	\$500 / \$1,000 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)
Specialty	\$500 / \$1,000 Ded – 60% (up to \$1,500 per prescription ²) (prior auth. required) ^{4,5}	\$500 / \$1,000 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)

Bronze HMO

Groups Beginning 7/1/23

Medical Benefits	HMO C [†]	HSA QUALIFIED	HMO A	HSA QUALIFIED	HMO B [†]
	Participating Health Plans	Kaiser Permanente		Sharp	
Network Name	Full		Premier		Performance
Metal Tier	Bronze		Bronze		Bronze
Rx Benefits - Retail					
Generic	100% (combined Med/Rx ded)		\$16 Copay (overall ded waived)		60% (up to \$500 per prescription ²) (combined Med/Rx ded)
Formulary Brand	100% (combined Med/Rx ded)		\$60 Copay (overall ded waived)		60% (up to \$500 per prescription ²) (combined Med/Rx ded)
Non-Formulary Brand	100% (combined Med/Rx ded) (with physician approval)		\$100 Copay (overall ded waived)		60% (up to \$500 per prescription ²) (combined Med/Rx ded)
Specialty	100% (combined Med/Rx ded) (with physician approval)		Applicable Rx Copay (overall ded waived)		Applicable Rx Copay (combined Med/Rx ded)
Rx Benefits – Mail Order					
Generic	100% (combined Med/Rx ded)		\$32 Copay (overall ded waived)		60% (up to \$500 per prescription ²) (combined Med/Rx ded)
Formulary Brand	100% (combined Med/Rx ded)		\$120 Copay (overall ded waived)		60% (up to \$500 per prescription ²) (combined Med/Rx ded)
Non-Formulary Brand	100% (combined Med/Rx ded) (with physician approval)		\$200 Copay (overall ded waived)		60% (up to \$500 per prescription ²) (combined Med/Rx ded)
Specialty	100% (combined Med/Rx ded) (with physician approval)		Applicable Rx Copay (overall ded waived)		Applicable Rx Copay (combined Med/Rx ded)

Bronze HMO

Groups Beginning 7/1/23

Medical Benefits	HMO A	HSA QUALIFIED	
		HMO B [†]	HMO B
Participating Health Plans	Sutter Health Plus	Sutter Health Plus	Western Health Advantage
Network Name	Sutter Health Plus	Sutter Health Plus	Full
Metal Tier	Bronze	Bronze	Bronze
Rx Benefits - Retail			
Generic	\$500 / \$1,000 Ded - \$18 Copay ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - \$18 Copay ¹²
Formulary Brand	\$500 / \$1,000 Ded - 60% (up to \$500 per prescription ²) ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - 60% (up to \$500 per 30 day supply ²) ^{10,11,12}
Non-Formulary Brand	\$500 / \$1,000 Ded - 60% (up to \$500 per prescription ²) ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - 60% (up to \$500 per 30 day supply ²) ^{10,11,12}
Specialty	\$500 / \$1,000 Ded - 60% (up to \$500 per prescription ²) ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - 60% (up to \$500 per 30 day supply ²) ^{11,12}
Rx Benefits - Mail Order			
Generic	\$500 / \$1,000 Ded - \$36 Copay ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - \$45 Copay ¹²
Formulary Brand	\$500 / \$1,000 Ded - 60% (up to \$1,000 per prescription ²) ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - 60% (up to \$1,250 per 90 day supply ²) ^{10,11,12}
Non-Formulary Brand	\$500 / \$1,000 Ded - 60% (up to \$1,000 per prescription ²) ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - 60% (up to \$1,250 per 90 day supply ²) ^{10,11,12}
Specialty	\$500 / \$1,000 Ded - 60% (up to \$1,000 per prescription ²) ⁶	100% (combined Med/Rx ded) ⁶	\$500 / \$1,000 Ded - 60% (up to \$500 per 30 day supply ²) ^{11,12}

Medical Benefits	HMO C [†]	HSA QUALIFIED	
		Participating Health Plans	Western Health Advantage
Network Name	Full		
Metal Tier	Bronze		
Rx Benefits - Retail			
Generic	100% (combined Med/Rx ded) ¹²		
Formulary Brand	100% (combined Med/Rx ded) ^{10,12}		
Non-Formulary Brand	100% (combined Med/Rx ded) ^{10,12}		
Specialty	100% (combined Med/Rx ded) ¹²		
Rx Benefits - Mail Order			
Generic	100% (combined Med/Rx ded) ¹²		
Formulary Brand	100% (combined Med/Rx ded) ^{10,12}		
Non-Formulary Brand	100% (combined Med/Rx ded) ^{10,12}		
Specialty	100% (combined Med/Rx ded) ¹²		

Bronze PPO

Groups Beginning 7/1/23

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/Pediatric dental ded) ^{1,13}	Not Covered	Level 1 \$20 Copay / Level 2 \$20 Copay (combined Med/Rx/Pediatric dental ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$90 Copay / Level 2 \$100 Copay (combined Med/Rx/Pediatric dental ded) ^{1,13}	Not Covered	Level 1 \$90 Copay / Level 2 \$100 Copay (combined Med/Rx/Pediatric dental ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$160 Copay / Level 2 \$170 Copay (combined Med/Rx/Pediatric dental ded) ¹	Not Covered	Level 1 \$160 Copay / Level 2 \$170 Copay (combined Med/Rx/Pediatric dental 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/Pediatric dental 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/Pediatric dental ded) (prior auth. required) ^{1,3}	Not Covered
Rx Benefits – Mail Order				
Generic	Level 1 \$50 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$50 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Formulary Brand	Level 1 \$270 Copay (combined Med/Rx ded) ^{1,13}	Not Covered	Level 1 \$270 Copay (combined Med/Rx ded) ^{1,13}	Not Covered
Non-Formulary Brand	Level 1 \$480 Copay (combined Med/Rx ded) ¹	Not Covered	Level 1 \$480 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

Groups Beginning 7/1/23

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 \$50 Copay (ded waived) ¹	Not Covered	Level 1 \$50 Copay (ded waived) ¹	Not Covered
Formulary Brand	\$650 / \$1,300 Ded - Level 1 \$270 Copay ¹	Not Covered	\$650 / \$1,300 Ded - Level 1 \$270 Copay ¹	Not Covered
Non-Formulary Brand	\$650 / \$1,300 Ded - Level 1 \$480 Copay ¹	Not Covered	\$650 / \$1,300 Ded - Level 1 \$480 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 EPO

Groups Beginning 7/1/23

Medical Benefits	HSA QUALIFIED		
	EPO C†	EPO D	EPO E
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	Open Access Plus
Metal Tier	Bronze	Bronze	Bronze
Rx Benefits - Retail			
Generic	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$35 Copay (ded waived)	\$25 Copay (ded waived)
Formulary Brand	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$650 / \$1,300 Ded – 65% (up to \$500 per prescription ²)
Non-Formulary Brand	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$650 / \$1,300 Ded – 65% (up to \$500 per prescription ²)
Specialty	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	60% (up to \$250 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$650 / \$1,300 Ded – 65% (up to \$500 per prescription ²)
Rx Benefits – Mail Order			
Generic	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$105 Copay (ded waived)	\$75 Copay (ded waived)
Formulary Brand	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$650 / \$1,300 Ded – 65% (up to \$1,500 per prescription ²)
Non-Formulary Brand	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$650 / \$1,300 Ded – 65% (up to \$1,500 per prescription ²)
Specialty	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	60% (up to \$750 per prescription ²) (combined Med/Rx/Pediatric dental ded)	\$650 / \$1,300 Ded – 65% (up to \$1,500 per prescription ²)

Bronze EPO

Groups Beginning 7/1/23

Medical Benefits	EPO F
Participating Health Plans	Cigna + Oscar
Network Name	LocalPlus
Metal Tier	Bronze
Rx Benefits - Retail	
Generic	\$25 Copay (ded waived)
Formulary Brand	\$650 / \$1,300 Ded – 65% (up to \$500 per prescription ²)
Non-Formulary Brand	\$650 / \$1,300 Ded – 65% (up to \$500 per prescription ²)
Specialty	\$650 / \$1,300 Ded – 65% (up to \$500 per prescription ²)
Rx Benefits – Mail Order	
Generic	\$75 Copay (ded waived)
Formulary Brand	\$650 / \$1,300 Ded – 65% (up to \$1,500 per prescription ²)
Non-Formulary Brand	\$650 / \$1,300 Ded – 65% (up to \$1,500 per prescription ²)
Specialty	\$650 / \$1,300 Ded – 65% (up to \$1,500 per prescription ²)

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 12 times the retail cost or four times the mail-order cost. 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. Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the out-of-pocket maximum.
11. Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
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.

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