

HEALTH PLAN & FORMULARY COMPARISON GUIDE

A Simple Resource to Help You
Understand Your Benefits



CaliforniaChoice[®]
Your Health. Your Choice.[®]

Contents

	<u>PAGE</u>
What Does Rx Formulary Mean?	3
How To Use This Comparison Guide	3
A Note To Members	3
Health Plan Accreditation Status	4
Rx Benefits/Copays	5
Non-Formulary & Mail Order Rx Benefits/Copays	6
Brand Name/Generic Coverage	7-10
Physician Access & Referral	11-12
Well Woman & Infertility Benefits	13-14
Prescription Drug Benefits	15-16
Diabetes Benefits	17-18
Important Health Plan Telephone Numbers	Back Cover



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What Does Rx Formulary Mean?

An Rx formulary is an approved list of drugs which have been reviewed for safety, quality, effectiveness and cost by the physicians and pharmacists on a Healthcare Service Plan's Rx review panel. A non-formulary drug refers to a drug which is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has their own formulary or approved drug list which is reviewed on a regular basis.

How To Use This Comparison Guide

If you are currently using a brand name drug prescription:

Proceed to the alphabetical listing of brand drugs on pages 7-10. Next to each brand name drug is its formulary/non-formulary status in each Healthcare Service Plan. For your convenience, a generic equivalent—if one is available—is listed directly underneath each brand listing.

If you can't find your prescription drug in this booklet, or your drug is considered non-formulary:

Visit our online formulary guide at www.calchoice.com or contact your Healthcare Service Plan.

A Note To Members

Prior to using this Comparison Guide to make a benefit or Healthcare Service Plan decision, please call the Healthcare Service Plan directly to confirm the accuracy of the information provided. Healthcare Service Plan phone numbers are listed on the back cover of this booklet.

Health Plan Accreditation Status



What is NCQA Accreditation?

NCQA stands for the National Committee for Quality Assurance, a not-for-profit organization that evaluates how well a Healthcare Service Plan manages its clinical and administrative systems in order to improve health care quality for its members.

An NCQA team of physicians and managed care experts conducts rigorous on and off site evaluations. A national oversight committee – made up of physicians – analyzes the team's findings and assigns an Accreditation level based on the plan's performance compared to NCQA standards. NCQA has purposely set high standards to encourage Healthcare Service Plans to enhance their quality. Below are the latest ratings from the NCQA for health plans participating in *CaliforniaChoice*[®].

The following HMOs have an "Excellent" rating from the NCQA for their commercial products:

Health Net
Kaiser Permanente
Western Health Advantage



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Rx Benefits/Copays

HMO Rx Benefits:

Based on the benefit level you choose, each CaliforniaChoice® HMO offers copay benefits for brand and generic drugs included on each Healthcare Service Plan's Formulary Listing. Each Healthcare Service Plan maintains a different Formulary Listing of prescription drugs that they will cover. Our Health Plan & Formulary Comparison Guide is provided to assist you in looking up some of the more commonly prescribed drugs. These are the standard HMO prescription benefits for brand and generic drugs (covers a 30 day supply or 100 unit dose):

Service	CalChoice® HMO 15*	CalChoice HMO 25*	CalChoice HMO 25*	CalChoice HMO 25*	CalChoice HMO 25 Value	CalChoice HMO 25 Value	Elect Open Access	Salud HMO y mas
Participating Health Plans	Anthem Blue Cross, Health Net, Kaiser Permanente, Sharp, Western Health Advantage	Sharp, Western Health Advantage	Anthem Blue Cross, Health Net	Kaiser Permanente	Health Net	Anthem Blue Cross	Health Net	Health Net
Generic	\$10 copay	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand	\$20 copay	\$100 deductible-\$30 copay	\$100 deductible-\$30 copay	\$25 copay	\$100 deductible-\$30 copay	\$200 deductible-\$30 copay	\$150 deductible-\$30 copay	\$25 copay
Non-Formulary	See opposite page for plan specific information							
Mail Order	See opposite page for plan specific information							

Service	CalChoice HMO 30*	CalChoice HMO 30*	CalChoice HMO 30 Value	CalChoice HMO 40*	CalChoice HMO 40*	CalChoice HMO 40 Value	CalChoice HMO 40 Value	CalChoice HMO 40 Value
Participating Health Plans	Anthem Blue Cross, Health Net, Sharp, Western Health Advantage	Kaiser Permanente	Health Net	Anthem Blue Cross, Health Net, Sharp, Western Health Advantage	Kaiser Permanente	Health Net	Anthem Blue Cross	Western Health Advantage
Generic	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$15 copay	\$20 copay	\$15 copay	\$20 copay
Brand	\$150 deductible-\$30 copay	\$30 copay	\$200 deductible-\$30 copay	\$200 deductible-\$30 copay	\$30 copay	\$200 deductible-\$30 copay	\$250 deductible-\$30 copay	\$250 deductible-\$30 copay
Non-Formulary	See opposite page for plan specific information							
Mail Order	See opposite page for plan specific information							

* The copay shall be the designated amount, or 50% of the providers contract rate, whichever is less.

PPO Rx Benefits:

CaliforniaChoice features 6 different Anthem Blue Cross PPO benefit levels:

	CalChoice PPO 750		CalChoice PPO 1000		CalChoice PPO 3000		CalChoice PPO 4000		Lumenos HSA 1800** & 2500**	
	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*
Generic	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount	\$15	50% of drug limited fee schedule	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount
Brand	\$30	50% of maximum allowed amount	\$30	50% of maximum allowed amount	\$30	50% of drug limited fee schedule	\$30	50% of maximum allowed amount	\$30	50% of maximum allowed amount
Non-Formulary	\$50	50% of maximum allowed amount	\$50	50% of maximum allowed amount	\$50	50% of drug limited fee schedule	\$50	50% of maximum allowed amount	\$50	50% of maximum allowed amount
Brand Deductible	\$150	\$150	\$200	\$200	\$250	\$250	\$250	\$250	All prescription drugs are subject to the medical deductible	

* Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement for out-of-network pharmacies.

** HSA - Qualified High Deductible Health Plan

Non-Formulary & Mail Order Rx Benefits/Copays

An Rx Formulary is an approved list of drugs which have been reviewed for safety, quality, effectiveness and cost by the physicians and pharmacists on a Healthcare Service Plan's Rx review panel. A non-formulary drug refers to a drug which is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has their own formulary, or approved drug list, which is reviewed on a regular basis.

Experimental, non-FDA approved, not medically necessary and over-the-counter drugs are not covered under the Non-Formulary benefit of any Healthcare Service Plan. As always, please confirm all information directly with the Healthcare Service Plan prior to making an enrollment decision or accessing coverage.

Non-Formulary Benefit

Anthem Blue Cross Life and Health Insurance Company PPO	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan	Western Health Advantage
<p>CalChoice® PPO 750 Participating Pharmacy: \$50 Non-Participating Pharmacy*: 50% of maximum allowed amount (\$150 per individual Brand deductible applies)</p> <p>CalChoice PPO 1000 Participating Pharmacy: \$50 Non-Participating Pharmacy*: 50% of maximum allowed amount (\$200 per individual Brand deductible applies)</p> <p>CalChoice PPO 3000 Participating Pharmacy: \$50 Non-Participating Pharmacy*: 50% of maximum allowed amount (\$250 per individual Brand deductible applies)</p> <p>CalChoice PPO 4000 Participating Pharmacy: \$50 Non-Participating Pharmacy*: 50% of maximum allowed amount (\$250 per individual Brand deductible applies)</p> <p>Lumenos HSA 1800** / HSA 2500** Participating Pharmacy: \$50 Non-Participating Pharmacy*: 50% of maximum allowed amount (All prescription drugs are subject to the medical deductible)</p>	<p>CalChoice HMO 15: \$40</p> <p>CalChoice HMO 25: \$50</p> <p>CalChoice HMO 30: \$50</p> <p>CalChoice® HMO 40: \$50</p> <p>CalChoice HMO 25 Value: \$50</p> <p>CalChoice HMO 40 Value: \$50</p>	<p>\$50 Non-Formulary copay applies</p> <p>Prior authorization may be required for certain medications</p>	<p>If deemed medically necessary by Kaiser Permanente Physician</p>	<p>Non-Formulary copay is double the brand copay</p> <p>Prior authorization may be required</p>	<p>CalChoice HMO 15: \$35</p> <p>CalChoice HMO 25: \$50</p> <p>CalChoice HMO 30: \$50</p> <p>CalChoice HMO 40: \$50</p> <p>CalChoice HMO 40 Value: \$50</p>

Mail Order Benefit

Anthem Blue Cross Life and Health Insurance Company PPO	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan	Western Health Advantage
<p>90 Day Supply:</p> <p>CalChoice PPO 750 \$15 Generic/\$60 Brand/\$100 Non-Formulary (\$150 per individual Brand deductible applies)</p> <p>CalChoice PPO 1000 \$15 Generic/\$60 Brand/\$100 Non-Formulary (\$200 per individual Brand deductible applies)</p> <p>CalChoice PPO 3000 \$15 Generic/\$60 Brand/\$100 Non-Formulary (\$250 per individual Brand deductible applies)</p> <p>CalChoice PPO 4000 \$15 Generic/\$60 Brand/ \$100 Non-Formulary (\$250 per individual Brand deductible applies)</p> <p>Lumenos HSA 1800** / HSA 2500** \$15 Generic/\$60 Brand/\$100 Non-Formulary (All prescription drugs are subject to the medical deductible)</p>	<p>90 Day Supply:</p> <p>CalChoice HMO 15: Generic \$10 Brand \$40 Non-Formulary \$80</p> <p>CalChoice HMO 25: Generic \$15 Brand \$60 Non-Formulary \$100 \$100 Deductible Brand</p> <p>CalChoice HMO 25 Value: Generic \$15 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p> <p>CalChoice HMO 30: Generic \$15 Brand \$60 Non-Formulary \$100 \$150 Deductible Brand</p> <p>CalChoice HMO 40: Generic \$20 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p> <p>CalChoice HMO 40 Value: Generic \$15 Brand \$60 Non-Formulary \$100 \$250 Deductible Brand</p>	<p>90 Day Supply:</p> <p>CalChoice HMO 15: Generic \$20 Brand \$40 Non-Formulary \$100</p> <p>CalChoice HMO 25: Generic \$30 Brand \$60 Non-Formulary \$100 \$100 Deductible Brand</p> <p>CalChoice HMO 25 Value: Generic \$30 Brand \$60 Non-Formulary \$100 \$100 Deductible Brand</p> <p>CalChoice HMO 30 & EOA: Generic \$30 Brand \$60 Non-Formulary \$100 \$150 Deductible Brand</p> <p>CalChoice HMO 30 Value: Generic \$40 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p> <p>CalChoice HMO 40 Value: Generic \$40 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p> <p>CalChoice Salud HMO y mas Generic \$30 Brand \$50 Non-Formulary \$100 No mail order benefit for S/MNSA Network</p>	<p>Up To A 100 Day Supply:</p> <p>CalChoice HMO 15: Generic \$20 Brand \$40</p> <p>CalChoice HMO 25: Generic \$20 Brand \$50</p> <p>CalChoice HMO 30: Generic \$30 Brand \$60</p> <p>CalChoice HMO 40: Generic \$30 Brand \$60</p> <p>No mail order benefit for Non-Formulary</p>	<p>90 Day Supply:</p> <p>CalChoice HMO 15: Generic \$20 Brand \$40 Non-Formulary \$80</p> <p>CalChoice HMO 25: Generic \$30 Brand \$60 Non-Formulary \$120 \$100 Deductible Brand</p> <p>CalChoice HMO 30: Generic \$30 Brand \$60 Non-Formulary \$120 \$150 Deductible Brand</p> <p>CalChoice HMO 40: Generic \$40 Brand \$60 Non-Formulary \$120 \$200 Deductible Brand</p>	<p>90 Day Supply:</p> <p>CalChoice HMO 15: Generic \$25 Brand \$50 Non-Formulary \$88</p> <p>CalChoice HMO 25: Generic \$38 Brand \$75 Non-Formulary \$125 \$100 Deductible Brand</p> <p>CalChoice HMO 30: Generic \$38 Brand \$75 Non-Formulary \$125 \$150 Deductible Brand</p> <p>CalChoice HMO 40: Generic \$50 Brand \$75 Non-Formulary \$125 \$250 Deductible Brand</p>

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** HSA - Qualified High Deductible Health Plan

Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross HMO	Saltus HMO Plus & Elect Open Access	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Accolate <i>No Generic Available</i>	NF	NF	✓*	NL*	✓*	NL*
Accupril <i>Quinapril HCl</i>	NF*	NF*	✓✓	NL*	NL*	✓✓
Adalat CC <i>Nifedipine</i>	NF*	NF*	✓✓	NL*	✓✓	✓✓
Allegra <i>Fexofenadine HCl</i>	PA	PA	NF*	NL*	NL*	NL*
Altace <i>No Generic Available</i>	✓	✓	✓*	NL*	✓	NL*
Ambien <i>No Generic Available</i>	✓*	✓*	NR*	N - ✓ S - NL*	NL*	NL*
Ativan <i>Lorazepam</i>	NF	NF	✓✓	✓	✓✓	✓✓
Atrovent <i>Ipratropium Bromide</i>	NF*	NF*	✓✓	NL*	✓✓	✓
Avita <i>Tretinoin</i>	PA	PA	✓✓	✓	NL*	✓✓*
Axid <i>Nizatidine</i>	NF	NF	NL*	NL*	NL*	NL*
Bactrim DS <i>Trimethoprim-Sulfamethoxazole</i>	NF	NF	NR	✓	✓✓	NF
Beconase AQ <i>No Generic Available</i>	PA	PA	NF*	NL*	✓	NL*

	Anthem Blue Cross PPO	Anthem Blue Cross HMO	Saltus HMO Plus & Elect Open Access	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Biaxin <i>Clarithromycin</i>	NF	NF	✓✓*	✓	✓✓*	✓✓
Cardizem CD <i>Diltiazem HCl Coated Beads</i>	NF*	NF*	✓✓	NL*	NF	NL*
Cardura <i>Doxazosin Mesylate</i>	NF	NF	✓✓	✓	✓✓	✓✓
Catapres <i>Clonidine HCl</i>	NF	NF	✓✓	✓	✓✓	✓✓
Celexa <i>Citalopram Hydrobromide</i>	NF*	NF*	✓✓*	✓	✓✓	✓✓
Ciloxan <i>Ciprofloxacin HCl</i>	NF	NF	✓✓	N - NL* S - ✓	NF	✓✓
Cipro <i>Ciprofloxacin</i>	NF*	NF*	✓✓	✓	✓✓	✓✓
Cortisporin <i>Neomycin-Polymyxin-HC</i>	NF	NF	✓✓	✓	✓✓	✓✓
Coumadin <i>Warfarin Sodium</i>	✓	✓	✓✓	✓	✓✓	✓✓
Cozaar <i>No Generic Available</i>	✓*	✓*	NF*	✓	✓*	NL*
Cutivate <i>Fluticasone Propionate</i>	NF	NF	NF	NL*	NL*	NL*
Daypro <i>Oxaprozin</i>	NF	NF	✓✓	NL*	NL*	✓✓

- ✓✓ Preferred Preferred over all other drugs in the same therapeutic category.
- ✓ Approved Approved for reimbursement without any restrictions.
- PA Prior Authorization Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.

- NF Non Formulary The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non formulary drugs.
- NR Not Reimbursed The drug is not reimbursed by the plan.
- NL Not Listed No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
- * Restrictions Drug has restrictions. Contact your Healthcare Service Plan for details.

This directory of drug formularies was collected from all plans participating in the CaliforniaChoice® Program and is accurate to the best of our knowledge. However, the drug formularies and policies offered through CaliforniaChoice health plans may change at any time without notice so please keep in mind that this is only a guide and **you must verify the information directly with the health plan before making decisions.**

Benefit and copay information on pages 5-6
Additional formulary listings for over 600 prescription drugs at www.calchoice.com

Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross HMO	Solid Hum. Y. Ins. & Elect. Open Access	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Desogen <i>Desogestrel-Ethinyl Estradiol</i>	✓	✓	NR	NL*	✓	NF
Diflucan <i>Fluconazole</i>	NF*	NF*	✓✓*	✓	✓✓*	✓✓*
Dilacor XR <i>Diltiazem HCl</i>	NF*	NF*	✓✓	✓	✓✓	✓✓
Diovan <i>No Generic Available</i>	✓*	✓*	✓*	NL*	✓*	✓*
Dyazide <i>Triamterene - HCTZ</i>	NF	NF	✓✓	NL*	✓✓	✓✓
Effexor <i>Venlafaxine HCl</i>	NF	NF	✓✓	✓	NF*	NF
Estrace <i>Estradiol</i>	NF	NF	✓✓*	✓	✓✓	✓✓
Estraderm <i>Estradiol</i>	✓	✓	✓✓*	N - NF* S - NR	✓✓	✓✓
Flexeril <i>Cyclobenzaprine HCl</i>	NF	NF	✓✓	✓	✓	✓✓
Fosamax <i>No Generic Available</i>	✓*	✓*	✓*	N - ✓ S - NL*	✓*	✓
Glucotrol XL <i>GlipiZIDE</i>	NF	NF	✓✓	N - NL* S - ✓	✓✓	✓✓
Glynase <i>GlyBURIDE Micronized</i>	NF	NF	NF	NL*	✓✓	NL*
Hycodan <i>Hydrocodone-Homatropine</i>	NF	NF	✓✓	✓	✓✓	NL*

	Anthem Blue Cross PPO	Anthem Blue Cross HMO	Solid Hum. Y. Ins. & Elect. Open Access	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Hyzaar <i>No Generic Available</i>	✓*	✓*	NF*	NL*	✓*	NL*
Imdur <i>Isosorbide Mononitrate</i>	NF	NF	✓✓	✓	✓✓	✓✓
Imitrex <i>No Generic Available</i>	NF*	NF*	✓*	✓	✓*	✓*
Keflex <i>Cephalexin</i>	NF	NF	✓✓	✓	✓✓	✓✓
Kenalog in Orabase <i>Triamcinolone Acetonide</i>	NF	NF	✓✓	NL*	NL*	✓✓
Lanoxin <i>Digoxin</i>	✓*	✓*	✓✓	✓	✓✓	✓✓
Lasix <i>Furosemide</i>	NF	NF	✓✓	✓	✓✓	✓✓
Levaquin <i>No Generic Available</i>	✓*	✓*	NF*	NL*	✓	✓
Lipitor <i>No Generic Available</i>	✓	✓	NF*	NL*	✓	NL*
Lopressor <i>Metoprolol Tartrate</i>	NF	NF	✓✓	✓	✓✓	✓✓
Lorabid <i>No Generic Available</i>	NF	NF	NF	NL*	NL*	NL*
Lotensin <i>Benazepril HCl</i>	NF*	NF*	✓✓	NL*	✓✓	✓✓
Lotensin HCT <i>Benazepril-Hydrochlorothiazide</i>	NF*	NF*	✓✓	NL*	✓✓	NL*

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- NF Non Formulary The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non formulary drugs.
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- NL Not Listed No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
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Benefit and copy information on pages 5-6
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Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross HMO Elect. Open Access	Solid HMO Plus & Health Net	Kaiser Permanente	Western Health Advantage Sharp	Western Health Advantage
Lotrisone <i>Clotrimazole-Betamethasone</i>	NF	NF	✓✓*	NL*	✓✓	NL*
Macrobid <i>Nitrofurantoin Monohyd Macro</i>	NF	NF	NR	✓	NF	NF
Macrochantin <i>Nitrofurantoin Macrocrystal</i>	✓	✓	✓✓	✓	NF	NL*
Medrol <i>Methylprednisolone</i>	✓*	✓*	✓✓	✓	✓✓	✓✓
Micro-K <i>Potassium Chloride</i>	NF	NF	✓✓	NL*	✓✓	✓✓
Neurontin <i>Gabapentin</i>	NF	NF	✓✓	✓	✓	✓✓
Nitrostat <i>Nitroglycerin</i>	NF	NF	✓✓*	✓	✓	✓✓
Norvasc <i>Amlodipine Besylate</i>	NF*	NF*	✓✓*	N - NL* S - ✓	✓	NL*
Novolin <i>No Generic Available</i>	✓	✓	NF	✓	✓	✓
Plendil <i>Felodipine</i>	NF*	NF*	NR	✓	✓	✓✓
Pravachol <i>Pravastatin Sodium</i>	NF*	NF*	✓✓*	NL*	NL*	✓✓
Prevacid <i>No Generic Available</i>	NF	NF	NR	NL*	NF*	NL*

	Anthem Blue Cross PPO	Anthem Blue Cross HMO Elect. Open Access	Solid HMO Plus & Health Net	Kaiser Permanente	Western Health Advantage Sharp	Western Health Advantage
Prinivil <i>Lisinopril</i>	NF	NF	✓✓	✓	✓✓	✓✓
Prinzide <i>Lisinopril-Hydrochlorothiazide</i>	NF	NF	✓✓	✓	NL*	NL*
Procardia XL <i>Nifedipine</i>	NF*	NF*	✓✓	✓	✓✓	✓✓
Provera <i>Medroxyprogesterone Acetate</i>	✓	✓	✓✓	✓	✓✓	✓✓
Prozac <i>Fluoxetine HCl</i>	NF*	NF*	✓✓*	✓	✓✓	✓✓*
Pulmicort Turbuhaler <i>No Generic Available</i>	NL	NL	✓*	N - ✓ S - NL*	✓	✓
Restoril <i>Temazepam</i>	NF	NF	✓✓*	✓	✓✓	✓✓
Retin-A <i>Tretinoin</i>	PA	PA	✓✓	✓	✓*	✓✓*
Risperdal <i>No Generic Available</i>	NF*	NF*	✓	✓	✓	✓
Septra DS <i>Trimethoprim-Sulfamethoxazole</i>	NF	NF	NR	✓	✓✓	NL*
Soma <i>Carisoprodol</i>	✓*	✓*	✓✓	NL*	✓✓	NL*
Synthroid <i>Levothyroxine Sodium</i>	✓	✓	✓✓	N - NL* S - ✓	✓	✓✓

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Generic equivalent
in italics

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Tenormin <i>Atenolol</i>	NF	NF	✓✓	✓	✓✓	✓✓	✓✓
Tiazac <i>Diltiazem HCl ER Beads</i>	NF*	NF*	✓✓	NL*	NF	✓✓	✓✓
Timoptic XE <i>Timolol Maleate</i>	NF	NF	✓✓	NL*	✓✓	✓✓	✓✓
TobraDex <i>No Generic Available</i>	✓*	✓*	✓*	N - NL* S - ✓	✓	✓	
Toprol-XL <i>Metoprolol Succinate</i>	NF	NF	✓	NL*	NL*	✓✓	✓✓
Valium <i>Diazepam</i>	NF	NF	✓✓	✓	✓✓	✓✓	✓✓
Vancenase AQ Double Strength <i>No Generic Available</i>	NL	NL	NL*	NL*	NL*	NL*	NL*
Vasotec <i>Enalapril Maleate</i>	NF	NF	✓✓	NL*	✓✓	✓✓	✓✓
Verelan <i>Verapamil HCl</i>	NF	NF	✓✓	NL*	✓✓	✓✓	✓✓
Viagra <i>No Generic Available</i>	PA	PA	NF*	NL*	NR	✓*	

	Anthem Blue Cross PPO	Anthem Blue Cross HMO	Salud HMO, Y, Plus & Elect Open Access	Kaiser Permanente Health Net	Kaiser Permanente	Western Health Advantage Sharp	Western Health Advantage
Xalatan <i>No Generic Available</i>	✓	✓	NF*	N - NL* S - ✓	NL*	✓	✓
Xanax <i>Alprazolam</i>	NF	NF	✓✓	✓	✓✓	✓✓	✓✓
Zantac <i>Ranitidine HCl</i>	NF*	NF*	✓✓	✓	✓✓	✓✓	✓✓
Zestoretic <i>Lisinopril-Hydrochlorothiazide</i>	NF	NF	✓✓	NL*	NL*	NL*	NL*
Zestril <i>Lisinopril</i>	NF	NF	✓✓	N - ✓ S - NL*	✓✓	✓✓	✓✓
Zithromax <i>Azithromycin</i>	NF*	NF*	✓✓*	✓	✓*	✓✓	✓✓
Zocor <i>Simvastatin</i>	NF*	NF*	✓✓*	✓	✓✓	✓✓	✓✓
Zoloft <i>Sertraline HCl</i>	NF*	NF*	✓✓	✓	✓	✓✓	✓✓
Zyloprim <i>Allopurinol</i>	NF	NF	✓✓	✓	✓✓	✓✓	✓✓
Zyrtec <i>No Generic Available</i>	NR	NR	NF*	N - NL* S - ✓	NL*	NL*	NL*

- ✓✓ Preferred Preferred over all other drugs in the same therapeutic category.
- ✓ Approved Approved for reimbursement without any restrictions.
- PA Prior Authorization Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.

- NF Non Formulary The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non formulary drugs.
- NR Not Reimbursed The drug is not reimbursed by the plan.
- NL Not Listed No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
- * Restrictions Drug has restrictions. Contact your Healthcare Service Plan for details.

This directory of drug formularies was collected from all plans participating in the CaliforniaChoice® Program and is accurate to the best of our knowledge. However, the drug formularies and policies offered through CaliforniaChoice health plans may change at any time without notice so please keep in mind that this is only a guide and **you must verify the information directly with the health plan before making decisions.**

Benefit and copy information on pages 5-6
Additional formulary listings for over 600 prescription drugs at www.calchoice.com

Physician Access & Referral

QUESTIONS	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan
How often can my family members and I change Primary Care Physicians (PCP)?	Once a month – changes are effective at the beginning of the following month, provided the member is not in the course of treatment or hospitalized and no pending authorizations.	Once a month	Anytime	Once a month
Can each family member choose a different Primary Care Physician from different medical groups?	Yes	Yes	Yes—but only from Health Plan Physicians	Yes
Can I refer myself to a specialist? <i>(For OB/GYN referral information, see pages 13-14)</i>	OB/GYN: Yes within the same medical group for a well woman exam. Other specialties: Medical groups offering Direct Access allow member to self refer within their medical group.	<u>HMO:</u> Yes—if using a Rapid Access Provider <u>Elect Open Access:</u> Yes—to any doctor in PPO network \$40 office visit copay	<u>OB/GYN:</u> Yes <u>Other Specialties:</u> Yes—to certain specialties. Self-refer specialties list varies by geographical region	Yes—if available through medical group (some medical groups offer direct access to certain specialists)
Does the Health Carrier offer a program to help speed up the specialist referral process?	Yes – referrals come directly from PCP	<u>HMO:</u> Yes—some Rapid Access Providers offer express referrals <u>Elect Open Access:</u> Yes—member may self-refer to any doctor in PPO network—\$40 copay	Yes—referrals come directly from PCP; no other approval is needed	Yes—if available through medical group
Are dependents who live out-of-area covered?	Yes – Dependents can be assigned to a provider within their area of school, provided it is within the state of California. If it is outside of California they would only be covered for medical emergencies.	Yes—only if a full-time student who maintains a permanent residence within Health Net’s California Service Area for emergency/urgent services only	Yes—only if a student who maintains a permanent residence within Kaiser Permanente’s service area. Students will be covered for emergencies only when outside of service area	Yes—only if a full-time student who maintains a permanent residence within Sharp Health Plan’s Service Area. Students will be covered for emergency/urgent care only when outside the service area

CaliforniaChoice® HMO and CaliforniaChoice HMO Value members may go to an Urgent Care Facility contracted through their medical group (PMG) or Individual Practice Association (IPA) for the same copay as their Primary Care Physician (PCP) office visit copay. Please contact your selected PMG or IPA to find out if they contract with an Urgent Care Facility and where it is located, so you will have this information handy when needed.

Physician Access & Referral

Western Health Advantage	Anthem Blue Cross PPO				Lumenos HSA 1800* & HSA 2500*
	CalChoice® PPO 750	CalChoice PPO 1000	CalChoice PPO 3000	CalChoice PPO 4000	
Once a month	Anytime – In a PPO, you do not have to choose a PCP	Anytime – In a PPO, you do not have to choose a PCP	Anytime – In a PPO, you do not have to choose a PCP	Anytime – In a PPO, you do not have to choose a PCP	Anytime – In a PPO, you do not have to choose a PCP
Yes—But only from network physicians	Yes - Each family member can make their own physician choice	Yes - Each family member can make their own physician choice	Yes - Each family member can make their own physician choice	Yes - Each family member can make their own physician choice	Yes - Each family member can make their own physician choice
Yes—to an ophthalmologist only, for your annual eye exam	Yes – in a PPO, you can choose any physician	Yes – in a PPO, you can choose any physician	Yes – in a PPO, you can choose any physician	Yes – in a PPO, you can choose any physician	Yes – in a PPO, you can choose any physician
Yes—Advantage Referral Program allows PCP to refer member to any specialist in the WHA network	Yes – in a PPO you don't have to go through a specialist referral process	Yes – in a PPO you don't have to go through a specialist referral process	Yes – in a PPO you don't have to go through a specialist referral process	Yes – in a PPO you don't have to go through a specialist referral process	Yes – in a PPO you don't have to go through a specialist referral process
Yes—full-time student dependents outside of the service area are covered for emergency and urgently needed services only	Yes	Yes	Yes	Yes	Yes

*HSA - Qualified High Deductible Health Plan

Note: All HMO benefits are covered in-network only.

All CaliforniaChoice® Health Plans cover life threatening emergencies anywhere in the world.

Well Woman & Infertility Benefits

QUESTIONS	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan
Can a member self-refer to an OB/GYN?	Yes - to an OB/GYN within the same medical group for your well woman exam.	<u>HMO:</u> Yes—OB/GYN must be in same medical group* or IPA* as your PCP <u>Elect Open Access:</u> Yes	Anytime	Yes—on an unlimited basis if OB/GYN is in the same medical group* or IPA* as your PCP
How often does health carrier allow a <u>routine</u> PAP smear?	Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually	Annually	Annually [†]
How often does health carrier allow a <u>routine</u> Mammogram?	Every year beginning at age 40	<u>Ages 35-39:</u> One mammogram <u>Ages 40-49:</u> Every two years <u>Ages 50+ over:</u> Every year	As recommended by Health Plan Physician	<u>Ages 40-49:</u> Every 1-2 years, as recommended by Physician <u>Ages 50+ over:</u> Every year
Does the carrier cover oral contraceptives?	Yes	Yes	Yes	Yes

† Or as recommended by the U.S. Preventive Services Task Force or the American College of Obstetricians and Gynecologists.

* A Medical Group or PMG consists of a group of physicians who are in partnership. The Medical Group makes referrals to specialists and handles its own administration.

An IPA is an Individual Practice Association, made up of a group of physicians who practice in their own separate offices but are part of a central administrator that oversees referrals and other HMO issues. Ask your PCP for the name of the IPA or medical group to which he or she belongs.

Well Woman & Infertility Benefits

Western Health Advantage	Anthem Blue Cross PPO				
	CalChoice® PPO 750	CalChoice PPO 1000	CalChoice PPO 3000	CalChoice PPO 4000	Lumenos HSA 1800* & HSA 2500*
Yes—anytime to an OB/GYN in the WHA network	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime
Annually	Annually until age 29, every 2-3 year for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 year for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 year for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 year for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 year for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.
<u>Ages 35-39:</u> one during five year period <u>Ages 40 & over:</u> one every calendar year	Every year beginning at age 40	Every year beginning at age 40	Every year beginning at age 40	Every year beginning at age 40	Every year beginning at age 40
Yes	Yes	Yes	Yes	Yes	Yes

*HSA - Qualified High Deductible Health Plan

Infertility Treatment:

After you are approved for coverage, you can call your health carrier directly to determine what infertility procedures are covered. All cases are reviewed on a case-by-case basis.

Prescription Drug Benefits

QUESTIONS	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan																																																																																																
If generic drug is available and doctor has not indicated "dispense as written," will member receive a generic equivalent rather than the brand name drug?	Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent	Yes—or you must pay the brand copay plus the difference in cost between the brand name & generic equivalent	Yes	Yes—or you must pay the Non-Formulary copay																																																																																																
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay?	Yes	Yes	Yes	Yes, if on the formulary																																																																																																
If doctor writes a prescription and there is no generic available, will member receive brand name drug at generic copay?	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay																																																																																																
What are my prescription copays for formulary drugs? CalChoice® HMO 15*: CalChoice HMO 25*: CalChoice HMO 30*: CalChoice HMO 40*: CalChoice HMO 25 Value: CalChoice HMO 30 Value: CalChoice HMO 40 Value: Elect Open Access: Salud HMO y mas: (Salud Network Only)	<table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr><td>\$10</td><td>\$20</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$20</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$20</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> </tbody> </table>	Generic	Brand	\$10	\$20	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	<table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr><td>\$10</td><td>\$20</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$20</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$20</td><td>\$30</td></tr> <tr><td>\$20</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$25</td></tr> </tbody> </table>	Generic	Brand	\$10	\$20	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	\$20	\$30	\$20	\$30	\$15	\$30	\$15	\$25	<table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr><td>\$10</td><td>\$20</td></tr> <tr><td>\$10</td><td>\$25</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> </tbody> </table>	Generic	Brand	\$10	\$20	\$10	\$25	\$15	\$30	\$15	\$30	\$15	\$30	<table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr><td>\$10</td><td>\$20</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$15</td><td>\$30</td></tr> <tr><td>\$20</td><td>\$30</td></tr> </tbody> </table>	Generic	Brand	\$10	\$20	\$15	\$30	\$15	\$30	\$15	\$30	\$20	\$30																																		
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Are Non-Formulary drugs covered?	CalChoice HMO 15: \$40 CalChoice HMO 25: \$50 CalChoice HMO 30: \$50 CalChoice HMO 40: \$50 CalChoice HMO 25 Value: \$50 CalChoice HMO 40 Value: \$50 Prior authorization may be required for certain medications	Yes— \$50 Non-Formulary copay applies Prior authorization may be required for certain medications	Yes—if deemed medically necessary by Health Plan Physician	Yes—copay is double the brand copay. Prior authorization may be required for certain medications																																																																																																
Mail Order	<table border="1"> <thead> <tr> <th colspan="3">90 Day Supply:</th> </tr> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr><td>\$10</td><td>\$40</td><td>\$80</td></tr> <tr><td>\$15</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$15</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$20</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$15</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$15</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$15</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$15</td><td>\$60</td><td>\$100</td></tr> </tbody> </table>	90 Day Supply:			Generic	Brand	Non-Formulary	\$10	\$40	\$80	\$15	\$60	\$100	\$15	\$60	\$100	\$20	\$60	\$100	\$15	\$60	\$100	\$15	\$60	\$100	\$15	\$60	\$100	\$15	\$60	\$100	<table border="1"> <thead> <tr> <th colspan="3">90 Day Supply:</th> </tr> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr><td>\$20</td><td>\$40</td><td>\$100</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$40</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$40</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$40</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$40</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$100</td></tr> <tr><td>\$30</td><td>\$50</td><td>\$100</td></tr> </tbody> </table>	90 Day Supply:			Generic	Brand	Non-Formulary	\$20	\$40	\$100	\$30	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$30	\$50	\$100	<table border="1"> <thead> <tr> <th colspan="2">Up To A 100 Day Supply:</th> </tr> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr><td>\$20</td><td>\$40</td></tr> <tr><td>\$20</td><td>\$50</td></tr> <tr><td>\$30</td><td>\$60</td></tr> <tr><td>\$30</td><td>\$60</td></tr> </tbody> </table>	Up To A 100 Day Supply:		Generic	Brand	\$20	\$40	\$20	\$50	\$30	\$60	\$30	\$60	<table border="1"> <thead> <tr> <th colspan="3">90 Day Supply:</th> </tr> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr><td>\$20</td><td>\$40</td><td>\$80</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$120</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$120</td></tr> <tr><td>\$40</td><td>\$60</td><td>\$120</td></tr> </tbody> </table>	90 Day Supply:			Generic	Brand	Non-Formulary	\$20	\$40	\$80	\$30	\$60	\$120	\$30	\$60	\$120	\$40	\$60	\$120
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Prescription Drug Benefits

Western Health Advantage			Anthem Blue Cross PPO				Lumenos HSA 1800** & HSA 2500**
			CalChoice® PPO 750	CalChoice PPO 1000	CalChoice PPO 3000	CalChoice PPO 4000	
Yes—or you must pay the brand copay plus the difference in cost between the brand name & generic equivalent			Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent			Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent	
Yes			No, member will have to pay the generic copay plus the difference in cost between generic and brand			No, member will have to pay the generic copay plus the difference in cost between generic and brand	
No—brand name dispensed at brand name copay			No—brand name dispensed at brand name copay			No—brand name dispensed at brand name copay	
Generic \$10 \$15 \$15 \$20	Brand \$20 \$30 \$30 \$30	Participating Pharmacy: Generic: \$15 Brand: \$30 Non-Participating Pharmacy: 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$100 per fill \$150 per individual brand deductible applies	Participating Pharmacy: Generic: \$15 Brand: \$30 Non-Participating Pharmacy: 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$100 per fill \$200 per individual brand deductible applies	Participating Pharmacy: Generic: \$15 Brand: \$30 Non-Participating Pharmacy: 50% of maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$100 per fill \$250 per individual brand deductible applies	Participating Pharmacy: Generic: \$15 Brand: \$30 Non-Participating Pharmacy: 50% of maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$100 per fill \$250 per individual brand deductible applies	Participating Pharmacy: Generic: \$15 Brand: \$30 Non-Participating Pharmacy: 50% of maximum allowed amount* Self injectables are subject to 30% coinsurance Prescription drugs are subject to the medical deductible	
\$20	\$30						
Yes CalChoice HMO 15: \$35 CalChoice HMO 25: \$50 CalChoice HMO 30: \$50 CalChoice HMO 40: \$50 CalChoice HMO 40 Value: \$50			Participating Pharmacy: \$50 Non-Participating Pharmacy: 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$100 per fill The brand deductible will apply			Participating Pharmacy: \$50 Non-Participating Pharmacy: 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance Prescription drugs are subject to the medical deductible	
90 Day Supply: Generic: \$25 Brand: \$50 Non-Formulary: \$88 \$38 \$75 \$125 \$38 \$75 \$125 \$50 \$75 \$125			90 Day Supply: Generic: \$15 Brand: \$60 Non-Formulary: \$100 Non-Participating Pharmacy: Not Covered Self injectables are subject to 30% coinsurance up to \$100 per fill \$150 per individual brand deductible applies			90 Day Supply: Generic: \$15 Brand: \$60 Non-Formulary: \$100 Non-Participating Pharmacy: Not Covered Self injectables are subject to 30% coinsurance Prescription drugs are subject to the medical deductible	
The Brand Rx deductible will apply, excluding CalChoice HMO 15			The Brand Rx deductible will apply, excluding CalChoice HMO 15			The Brand Rx deductible will apply, excluding CalChoice HMO 15	

* Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement of out-of-network pharmacies.

** HSA - Qualified High Deductible Health Plan

Diabetes Benefits

QUESTIONS	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan
Insulin	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Needles/Syringes	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Glucose Monitor	Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment: CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 25 Value–50% CalChoice HMO 40 Value–50%	Covered under the Prescription Drug Benefit (preferred monitors only). All other monitors covered at: CalChoice HMO 15–90% CalChoice HMO 25–80% CalChoice HMO 30–80% CalChoice HMO 40–80% Elect Open Access–80% CalChoice HMO 25 Value–80% CalChoice HMO 30 Value–80% CalChoice HMO 40 Value–80% Salud HMO y mas–80%	Covered as Durable Medical Equipment, rather than Prescription Drug Benefit: CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% up to \$2500 max./calendar year	Covered as Durable Medical Equipment rather than Prescription Drug Benefit CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50%
Chem-Strips and/or Testing Agents	(Blood Test Strips) Covered under the Prescription Drug Benefits	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit
Insulin Pump	Covered under Durable Medical Equipment	Covered at: CalChoice HMO 15–90% CalChoice HMO 25–80% CalChoice HMO 30–80% CalChoice HMO 40–80% Elect Open Access–80% CalChoice HMO 25 Value–80% CalChoice HMO 30 Value–80% CalChoice HMO 40 Value–80% Salud HMO y mas–80%	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit
Insulin Pump Supplies	Covered under Durable Medical Equipment	Covered at: CalChoice HMO 15–90% CalChoice HMO 25–80% CalChoice HMO 30–80% CalChoice HMO 40–80% Elect Open Access–80% CalChoice HMO 25 Value–80% CalChoice HMO 30 Value–80% CalChoice HMO 40 Value–80% Salud HMO y mas–80%	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit

Diabetes Benefits

Western Health Advantage	Anthem Blue Cross PPO				
	CalChoice® PPO 750	CalChoice PPO 1000	CalChoice PPO 3000	CalChoice PPO 4000	Lumenos HSA 1800* & HSA 2500*
Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
<p>Covered as Durable Medical Equipment, rather than Prescription Drug Benefit:</p> <p>CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 40 Value–50%</p> <p>up to max. \$2,500/year</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>
Covered under the Prescription Drug Benefit	(Blood Test Strips) Covered under the Prescription Drug Benefits	(Blood Test Strips) Covered under the Prescription Drug Benefits	(Blood Test Strips) Covered under the Prescription Drug Benefits	(Blood Test Strips) Covered under the Prescription Drug Benefits	(Blood Test Strips) Covered under the Prescription Drug Benefits
<p>Covered as Durable Medical Equipment, rather than Prescription Drug Benefit:</p> <p>CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 40 Value–50%</p> <p>up to max. \$2,500/year</p>	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment
<p>Covered as Durable Medical Equipment, rather than Prescription Drug Benefit:</p> <p>CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 40 Value–50%</p> <p>up to max. \$2,500/year</p>	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment

* HSA - Qualified High Deductible Health Plan

Anthem Blue Cross HMO & PPO

(866) 524-5659

English/Español, Mon-Fri 8:30 a.m. - 7:00 p.m.

Health Net

(800) 361-3366

English/Español, Mon-Fri 8:00 a.m. - 6:00 p.m.

Kaiser Permanente

English (800) 464-4000

Español (800) 788-0616

7 days a week 7:00 a.m. - 7:00 p.m.

Sharp Health Plan

(800) 359-2002

English/Español, Mon-Fri 8:00 a.m. - 6:00 p.m.

Western Health Advantage

(888) 563-2250

English/Español, Mon-Fri 8:00 a.m. - 5:00 p.m.

