

San Jose State University Research Foundation 2024 Summary of Benefits

Formulary V3, 5/20/50 (with Senior Rx Plus) Prescription Drug Plan

Anthem.com/CA

How much is the monthly premium?	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Formulary:	V3
Supplemental gap coverage:	Not Applicable
Stage 1 Annual Deductible Stage	In this stage, you pay a set amount. Once you reach this amount, your plan begins to pay its share of the cost.
Deductible	\$0

Stage 2: Initial Coverage Stage

Tier	Standard retail cost sharing		Mail order cost sharing
	One-month supply	Three-month supply	Three-month supply
Tier 1 Select Generics	\$0 copay per prescription	\$0 copay per prescription	\$0 copay per prescription
Tier 1 Generics	\$5 copay per prescription	\$10 copay per prescription	\$10 copay per prescription
Tier 2 Preferred Drugs	\$20 copay per prescription	\$40 copay per prescription	\$40 copay per prescription
Tier 3 Non-Preferred Drugs, including Specialty Drugs	\$50 copay per prescription	\$100 copay per prescription	\$100 copay per prescription

Stage 3: Coverage Gap Stage

Benefits have been paid by your Group Part D plan and this plan for covered prescription drugs, you will be responsible for the amounts shown above.

Stage 4: Catastrophic Coverage Stage

	Retail and Mail-Order Cost Sharing
Tier	
Tier 1 Select Generics	\$0 copay per prescription
Tier 1 Generic Drugs	\$0 copay per prescription
Tier 2 Brand-Name Drugs	\$0 copay per prescription