Prescription Drug Summary of Benefits: 01/01/2027 – 12/31/2027
Formulary E4, $10/$15/$30/20% up to $200 (with Senior Rx Plus)

Santa Clara Valley Water District

About this Plan:

For comprehensive information about all the services and any limitations or exclusions, please refer to your Evidence of Coverage (EOC). Upon enrolling in the plan, you'll receive guidance on accessing your plan details online. You can conveniently view your EOC by logging into the member portal at **www.anthem.com/CA**, or you can call Member Services with any questions you may have.

How much is the monthly premium?
Contact your group plan sponsor/union for more information on your plan premium.

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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

CMS defined drug out-of-pocket limit: $2,400

This is what you pay for covered drugs until you reach your out-of-pocket limit. You will pay this amount or the cost of the drug, whichever is less.

Pharmacy	Standard Network Pharmacy		Mail-Order Pharmacy
	per 30-day supply (Specialty limited to a 30-day supply)	per 90-day supply (Specialty limited to a 30-day supply)	per 90-day supply (Specialty limited to a 30-day supply)
Tier 1: Generics	$10	$20	$20
Tier 2: Preferred Drugs	$15	$30	$30
Tier 3: Non-Preferred Drugs	$30	$60	$60
Tier 4: Specialty Drugs	20% $200 Max	N/A	20% $200 Max
Select Generics	$0	$0	$0

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will pay the mail-order copay.

Stage 3 Catastrophic Coverage Stage

Your payment responsibility changes after the amount you have paid for covered drugs reaches the **CMS defined drug out-of-pocket limit** of $2,400.

Retail and Mail-Order Pharmacies	up to a 90-day supply (Specialty limited to a 30-day supply)
All Part D Covered Prescription Drugs	$0

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.

- **Important Message About What You Pay for Insulin:** You won't pay more than $35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.

- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare Part B medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare Part D drug coverage. Hepatitis B is covered under Medicare Part D drug coverage unless you fall into a high risk category, then it is covered under Medicare Part B medical coverage. Other common vaccines are also covered under Medicare Part D drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office, you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

- **Select Generics:** Your plan includes the $0 copay Select Generics benefit. Select Generics are a specific list of drugs that have been on the market long enough to have a proven track record for effectiveness and value. These generic drugs treat common conditions like diabetes, high blood pressure, high cholesterol, and osteoporosis. The Select Generics benefit is designed to help you better manage your chronic conditions and reduce out-of-pocket costs on prescription medications.

Extra Covered Drugs Benefits Chart

These prescription drugs are not covered under Part D, but they are provided under your Senior Rx Plus benefits. There may be instances where state regulations require these drugs to be included in your plan. These drugs do not count towards your **CMS defined drug out-of-pocket limit** of $2,400.

Pharmacy	Standard Network Pharmacy	Mail-Order Pharmacy
	per 30-day supply	per 90-day supply
Cough and Cold;DESI;Vitamins and Minerals		
Tier 1: Generics	$10	$20
Tier 2: Preferred Drugs	$15	$30
Tier 3: Non-Preferred Drugs	$30	$60
Erectile Dysfunction (ED)	**Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.**	
Tier 1: Generics	$10	$20
Tier 2: Preferred Drugs	$15	$30
Tier 3: Non-Preferred Drugs	$30	$60
Other Non-Part D Coverage		
Contraceptive Devices	$15	$15

- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.

This document reflects cost shares only.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.
The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Medicare & You 2027 resource: For more information, we encourage you to read Medicare & You 2027. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you

don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.