

Your Prescription Drug Plan

We are pleased to present you with your prescription drug plan. The following information will help you understand your prescription drug benefits.

How does my prescription drug benefit work?

Your plan divides all covered drugs into four different levels (tiers).

Tier 1: Includes generic drugs. Requires the lowest copayment.

Tier 2: Includes preferred brand name drugs. Requires a higher copayment.

Tier 3: Includes non-preferred brand name drugs that may have generic or preferred brand name alternatives. Requires a higher copayment.

Tier 4: Includes specialty drugs. Prior authorization may be required on designated drugs.

Tier 1, Tier 2, and Tier 3 drugs that are covered by your prescription plan are listed in the Preferred Drug List. Covered Tier 4 drugs are listed in the Specialty Drug List. Both lists can be found on BCBSRI.com.

What is my copayment?

Retail

You can receive up to a 30-day supply of either maintenance or non-maintenance drugs at the pharmacy. You will pay a copayment for each 30-day supply. The amount of the copayment depends on the type of drug you are obtaining.

Tier 1: \$7

Tier 2: \$30

Tier 3: \$50

Specialty

You can receive up to a 30-day supply of specialty drugs through one of our participating specialty pharmacies.

Tier 4: \$50

Mail Order through PrecisionRx

You can order up to a 90-day supply of most drugs through the mail. The amount of your copayment depends on the type of drug you are ordering.

Tier 1: \$17.50

Tier 2: \$75

Tier 3: \$125

Where can I have my prescriptions filled?

- Our network includes more than 50,000 pharmacies, including most major chains and independent pharmacies.
- Please visit BCBSRI.com for our participating pharmacy directory.
- You can also use our mail order vendor, PrecisionRx.
- Specialty drugs must be purchased at one of our participating specialty pharmacies to receive the maximum benefit.

Caremark Specialty Pharmacy Services

1-800-237-2767

Village Fertility Pharmacy

1-877-334-1610

Please note: Specialty drugs are not available through PrecisionRx.

Out-of-Network Pharmacies

- There is no coverage for nonparticipating retail and mail order pharmacies.
- However, if you purchase a specialty drug from a nonparticipating specialty pharmacy, you must pay for it in full at the time of purchase. You will be reimbursed at 50 percent of our allowance.

Save money at the pharmacy.

Generic Drugs

You can maximize your pharmacy benefit and substantially lower your out-of-pocket cost by choosing generic drugs.

A generic drug:

- Is the same drug as its higher-priced, heavily advertised, brand name equivalent.
- Has the same active ingredients as its brand name equivalent and is approved by the U.S. Food and Drug Administration (FDA).
- Has passed rigorous tests to ensure that it's safe and effective.

If a brand name drug is prescribed, ask your doctor or pharmacist if a generic alternative is available.

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Your Plan for Life.™

Over-the-Counter Drugs

Over-the-counter drugs (OTCs) are medications that do not require a prescription. There are many benefits of OTCs, including:

- Most are less expensive than their prescription equivalents, but have the same active ingredients.
- Manufacturer coupons are frequently available for OTCs.
- No prescription is required, so you don't have to make an appointment with your doctor, or pay an office visit copayment, before purchasing an OTC. Discuss your prescription and over-the-counter drug options with your doctor to ensure the best possible course of treatment.

Additional information about your prescription drug plan

A **formulary** is a list of **preferred drugs** that are covered by your plan. A committee of local physicians and pharmacists, established by Blue Cross & Blue Shield of Rhode Island (BCBSRI), developed our drug formulary to ensure that our members have access to a wide range of medically effective, safe, and economical drugs.

Our review committee will consider new drugs for possible inclusion in our preferred drug list (formulary). New drugs will be reviewed within the first six months from the final FDA marketing approval date. A new drug will not be covered by BCBSRI before the committee has the opportunity to review the new drug and determine if it is appropriate for inclusion in the preferred drug list.

This insert provides a general summary of your prescription drug program. It is not a contract. For details of your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement. Also included in your subscriber agreement is information on our preferred drug list and how that list is developed. If you have any questions about coverage for a specific drug or any other questions related to your prescription drug program, please call us at the appropriate number below.

Customer Service for BlueCHiP plans:

(401) 274-3500 (for Rhode Island residents only)
or 1-800-564-0888 (outside of Rhode Island)

Customer Service for all other BCBSRI plans:

(401) 459-5000 (for Rhode Island residents only)
or 1-800-639-2227 (outside of Rhode Island)

TDD: 1-888-252-5051



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www.BCBSRI.com

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