

BlueScript Pharmacy Benefits - \$10 Generic Choices For BlueOptions Plans (Home Delivery Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. This program will provide you with coverage for insulin and certain Generic and Brand Name Drugs and Supplies and select Over-the-Counter Drugs when purchased through an Exclusive Pharmacy. To verify if a Pharmacy is an Exclusive Pharmacy, you may access the Pharmacy Program Provider Directory on our website at floridablue.com or call the customer service phone number on your ID Card. You may also be able to receive more savings on prescription drugs by purchasing your drugs through the home delivery program.

See below for your specific plan details.

	Retail (One-Month Supply)		Home Delivery (Three- Month Supply)
	In-Network	Out-of- Network	
Pharmacy Deductible	\$0		
Generic Prescription Drugs and Supplies, insulin and Covered OTC Drugs	\$10	Not Covered	\$25
Select Brand Name Prescription Drugs*	20% of the Allowance or \$50, whichever is greater up to a maximum of \$200	Not Covered	20% of the Allowance or \$125, whichever is greater up to a maximum of \$500
Non-Preferred Prescription Drugs	Not Covered	Not Covered	Not Covered

*Cancer and HIV

Advantages of our Pharmacy Program

With our BlueScript Generic Choices Pharmacy Program, you'll receive coverage for insulin and certain Generic and Brand Name Drugs and Supplies and select Over-the-Counter Drugs when purchased through an Exclusive Pharmacy.

Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs. If you request a covered Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The coinsurance applicable to covered Brand Name Prescription Drug as indicated on the BlueOptions pharmacy Program Schedule of Benefits; and
2. The difference in cost between the Generic Prescription Drug and the covered Brand Name Prescription Drug you received.

More Convenient Than Ever

Take your prescriptions to an Exclusive Pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis and don't want to go to the Pharmacy each month for refills, you have a couple of convenient options:

1. Your doctor can prescribe a 3-month supply and you can have it filled at select Exclusive retail pharmacies. A 3-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a 3-month supply for one home delivery copay or coinsurance. Prescription drugs ordered through this program are provided by AllianceRx Walgreens Prime.

Vaccines at the Pharmacy

Certain vaccines which are covered under your wellness benefits can be administered at an Exclusive Retail Pharmacy by Pharmacists that are certified.

Contraceptive Coverage

Generic contraceptives, such as diaphragms, oral contraceptives and contraceptive patches are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from an Exclusive Pharmacy.

Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, blood glucose meters, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from an Exclusive Pharmacy.

Medication Guide

The Generic Choices Medication Guide, is available online at floridablue.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Drug List with your doctor, ask your provider to consider a prescription drug from the Medication List, particularly a Generic Prescription Drug.

Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Exclusive Retail Pharmacy Network**

Non-specialty 'Generic' medications and 'Brand Name' medications listed on the Medication Guide can be filled at Exclusive pharmacies. If you go to a non-participating pharmacy, you will pay the entire cost of your prescription.

- **Specialty Pharmacy Network**

We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in the Medication Guide. To be covered under your pharmacy program they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. If you go to a non-participating pharmacy, you will pay the entire cost of your prescription.

- **Non-Participating Pharmacy**

You will be responsible for the full cost of the medication for prescription drugs filled at a Non-Participating pharmacy. Drugs or supplies purchased from Non-Participating Pharmacies are covered only for Emergency Services.

Utilization Management/Responsible Rx Programs

Prior Authorization

Drugs selected for Prior Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide. Florida Blue reserves the right to change the drugs that require PA at any time and for any reason.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a "QL" following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at floridablue.com.

Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "RS" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

Drugs that are Not Covered

Any drug that is not included in the Generic Choices Medication Guide is not covered under this pharmacy plan. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

Prescription Discounts

With the BlueSaver® prescription savings card program, you will receive special discounted pricing on non-covered prescription medications when you show your BlueSaver ID card at select participating pharmacies. This card provides savings for you or any of your covered family members on medications that are not covered under your BlueScript pharmacy benefit. The BlueSaver savings program is not an insurance product or part of your health benefit plan.