Your Prescription Drug Plan



Mail Order

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

Tier 1, Tier 2, and Tier 3 drugs are listed in the Preferred Drug List.

Tier 4 drugs are listed in the Specialty Drug List. Both lists can be found on BCBSRI.com.

	30-day supply	90-day supply
Low cost generic drugs	\$7	\$17.50
Higher cost generic and preferred brand name drugs	\$30	\$75
Non-preferred brand name drugs	\$50	\$125
Specialty drugs	\$75 *	N/A
	Higher cost generic and preferred brand name drugs Non-preferred brand name drugs	Low cost generic drugs \$7 Higher cost generic and preferred brand name drugs Non-preferred brand name drugs \$50

Copayment per

Prescribed over-the-counter aspirin, folic acid, iron supplements, and smoking cessation medications purchased at a retail pharmacy are covered at 100% according to federal guidelines.

*Infertility drugs, including oral and injectable drugs, are covered with a 20% coinsurance.

Filling Prescriptions

Network retail pharmacies. Our network includes approximately 64,000 retail pharmacies. Please visit BCBSRI.com for our participating pharmacy directory.

Mail order through CVS Caremark. You can order up to a **90-day supply** of most drugs through the mail (excludes specialty drugs).

- You can access CVS Caremark by logging in to BCBSRI.com. Select "Pharmacy" on the left hand side of your member home page and follow the prompt from there.
- You can also call CVS Caremark at 1-866-329-3053 (TDD 1-800-231-4403).
- To request a mail order brochure, please contact BCBSRI Customer Service.

About Specialty Drugs

Specialty drugs must be purchased at one of the participating specialty pharmacies listed below to receive the maximum benefit. You can receive up to a 30-day supply at a time.

Caremark Specialty Pharmacy Services

1-866-278-6634

Village Fertility Pharmacy

1-877-334-1610

You or your doctor may need to get prior authorization (pre-approval) for some specialty drugs before they will be covered.

What are the managed features of this plan?

The managed features of your plan only apply to certain drugs. To find out if any of

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.

these features apply to your prescriptions, please visit **BCBSRI.com.**

- Dose optimization: When it is medically appropriate, members who usually take two tablets get their drugs in double the strength and take only one tablet a day.
- Over-the-counter (OTC): Excludes coverage for certain drugs that have an OTC equivalent.
- Prior authorization program: Requires prior authorization for designated drugs

Using Out-of-network Pharmacies

Tier 1, Tier 2, and Tier 3: There is no coverage for non-participating retail and mail order pharmacies.

Tier 4: If you purchase a specialty drug at a non-participating specialty pharmacy, you must pay for it in full at the time of purchase. You will be reimbursed at 50% of our allowance for most specialty drugs. Specialty infertility drugs will be reimbursed at 80% of our allowance.

Saving Money on Prescription Drugs

Choose generic drugs when appropriate. Generic drugs have the same active ingredients as their brand name equivalents, and are approved by the U.S. Food and Drug Administration (FDA). Ask your doctor if you can take a generic drug.

Choose a lower-cost drug within the same class when appropriate. All drugs are grouped into classes, based on the medical conditions they treat. These drugs, though, are not necessarily in the same tier under your prescription drug

plan. If you are taking a high-cost drug, there may be a less expensive alternative drug that is in the same drug class. Ask your doctor if a lower-cost alternative is available.

Half-tab program: With your physician's approval, you can have certain prescriptions filled at double the strength, get half the amount of pills and only pay half the amount of your drug copayment. You will be provided a pill splitter with this voluntary program and will take a half-tablet dosage instead of a whole pill. Consult with your physician to see if this practice is safe for the medications and dosages prescribed to you.

If you have any questions related to your prescription drug program, please call us at the appropriate number below.

Customer Service for BlueCHiP plans: (401) 274-3500 (within RI) or 1-800-564-0888 (outside of RI only)

Customer Service for all other BCBSRI plans: (401) 459-5000 (within RI) or 1-800-639-2227 (outside of RI only)

Telecommunications Device for the Deaf (TDD): 1-888-252-5051



www.BCBSRI.com

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