

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** in the Pharmacy section.

		Deductible	Copayment per 30-day supply	Mail Order 90-day supply
Tier 1	Generic drugs	N/A	\$7	\$17.50
Tier 2	Preferred brand name drugs	\$500 per person	\$30	\$75
Tier 3	Non-preferred brand name drugs		\$50	\$125
Tier 4	Specialty drugs		\$75*	N/A

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

What is my deductible?

Tier 1: There is no deductible.

Tiers 2, 3, and 4: You must pay a deductible of \$500 per person, per calendar year. (Please note: When you purchase drugs, you pay our negotiated price, which is often less than the retail price. The negotiated price is the cost that is applied to your deductible.) After the deductible is met, you are only responsible for the applicable copayment.

Deductible Example:

- Assume the first drug you purchase in a given calendar year is a Tier 3 drug that costs \$300. You must pay the \$300 and it is applied to your deductible.
- Assume the next drug you purchase is a Tier 2 drug that costs \$200. You must pay the \$200 and it is also applied to your deductible.
- You have now met your \$500 deductible for Tier 2, 3, and 4 drugs. The next time you pick up a Tier 2, 3, or 4 prescription you will only have to pay your copayment for that prescription, not the full negotiated price of the drug.

Please note: This plan design does not meet the standard for minimum creditable coverage for the State of Massachusetts.

Filling Prescriptions

Network retail pharmacies. Our network includes approximately 60,000 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 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.

(continued)

Choose over-the-counter drugs whenever possible. Over-the-counter drugs (OTCs) are medications that do not require a prescription. Most are less expensive than their prescription equivalents, but have the same active ingredients. Ask your doctor if an OTC drug is available for you.

Choose preferred brand name drugs when appropriate. If no OTC or generic drug is available, ask your doctor if you can take a Tier 2 (preferred brand name) drug.

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



Your Plan for Life.™

www.BCBSRI.com

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.

500 Exchange Street • Providence, RI 02903-2699

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

10/09

RX-6122