

Three Tier Formulary Prescription Drug Card

\$15/35%/50% MIXED COPAY/COINSURANCE OPTION



BlueCross BlueShield
of Illinois

BENEFIT HIGHLIGHTS

Program Basics

Copayment Options (Generic / Preferred / Non-Preferred)

Retail

Prescriptions are for up to a 34-day supply at a retail pharmacy.

- **Contracting Pharmacy:** Minimum coinsurance out-of-pocket expense is \$15 per prescription; maximum coinsurance out-of-pocket expense is \$150 per prescription.
- **Non-contracting Pharmacy:** Minimum coinsurance out-of-pocket expense is \$15 per prescription; no maximum coinsurance out-of-pocket expense applies.*

\$15/35%/50%

Mail Service

Maintenance medications are available for up to a 90-day supply and are subject to the appropriate copayment/coinsurance amount.

- The appropriate copayment / coinsurance amount applies per prescription.
- Minimum coinsurance out-of-pocket expense is \$30 per prescription; maximum coinsurance out of pocket expense is \$300 per prescription.

\$30/35%/50%

Contraceptives

Available at retail and mail service at the appropriate payment level based on drug classification.

Self-Injectables

Available at retail and mail service at the appropriate payment level based on drug classification.

*Reimbursement for non-contracting pharmacies

Benefits at a non-contracting pharmacy are covered at 75% of the amount that would have been paid at a contracting pharmacy minus the appropriate member share.

Mandatory Specialty Pharmacy Program

Members will be required to obtain covered specialty medications through the Triessent specialty pharmacy program offered by Prime Therapeutics LLC. Members who obtain their covered specialty medication through any contracting pharmacy other than through the Triessent program will be subject to a reduction in benefits.

Prior Authorization and Step Therapy Program Requirements

Your physician may be required to obtain authorization from BCBSIL in order to receive benefits for certain drugs that have a potential for misuse. Examples of these medications include: rheumatoid arthritis, growth hormone, hepatitis C, and anabolic steroids. In the event prior authorization is not obtained, you will be responsible for the first \$1,000 or 50% of the Eligible Charge, whichever is less.

If you are required to receive prior authorization for certain medications under the step therapy program, you need to first try a proven, cost effective medication before progressing to a more costly treatment, if necessary. After a member has a prescription history for a lower-cost alternative medication, coverage will automatically be provided for a more costly medication included in the step therapy program, if the physician and member determine that it is necessary for the member to try a drug included in the program. As an alternative to receiving prior authorization for a drug included in the step therapy program, or paying the entire cost of the drug out-of-pocket, a member along with his/her physician may select another drug, which is not part of the program.

Prescription drugs categories are added to the program and are subject to change periodically. To verify which drugs are included in your prescription drug benefit program, contact the Pharmacy Program customer service number, which is located on the back of your ID card. You can also visit the BCBSIL Web site at www.bcbsil.com and log on to **Blue Access® for Members** to find additional information.

What is the Blue Cross and Blue Shield of Illinois formulary?

The BCBSIL formulary is a regularly updated list of preferred drugs determined by our Pharmacy and Therapeutic Committee, a national panel comprised of individuals who hold a medical or pharmacy degree who evaluate U.S. Food and Drug Administration (FDA)-approved drugs based on comparative clinical standards, including efficacy, safety, uniqueness and cost-effectiveness. The formulary includes all generic drugs and select group of brand drugs. The BCBSIL formulary is "open," meaning that benefits are payable for drugs that are not on the formulary, but are subject to the highest copayment level.

How can I find out if a drug is on the formulary, and if it is a generic or a brand name drug?

As part of the enrollment literature, members may receive a list of some of the most commonly prescribed formulary drugs. If a particular drug does not appear on the list, members can:

- Refer to the pocket edition of the BCBSIL formulary.
- Visit the BCBSIL Web site at www.bcbsil.com.
- Discuss the most appropriate drug therapy with their physician or pharmacist. Using generic drugs whenever possible will help save money.

How can I find a contracting pharmacy?

Visit our Web site at www.bcbsil.com to find a contracting pharmacy.

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