

# BlueCare Rx<sup>®</sup> Pharmacy Program

## Schedule of Benefits

This Pharmacy Program Schedule of Benefits is part of the BlueCare Rx Pharmacy Program Endorsement, both of which should be reviewed carefully. To find a Participating Pharmacy, access the Pharmacy Program Provider Directory website at [www.floridablue.com](http://www.floridablue.com) or call the customer service phone number included on the your Identification Card.

**Pharmacy per Calendar Year Deductible (CYD)** ..... \$0

Place of Purchase	Cost to You
<b>Participating Retail Pharmacy</b>	
Copayments or Coinsurance percentages that apply to each <b>One-Month Supply</b>	
Covered OTC Drugs	\$15
Preferred Generic Prescription Drugs and Supplies	\$15
Preferred Brand Name Prescription Drugs and Supplies	\$25
Non-Preferred Prescription Drugs and Supplies	\$40
<b>Mail Order Pharmacy</b>	
Copayments or Coinsurance percentages that apply to each <b>Three-Month Supply</b> unless indicated otherwise	
Covered OTC Drugs	\$30
Preferred Generic Prescription Drugs and Supplies	\$30
Preferred Brand Name Prescription Drugs and Supplies	\$50
Non-Preferred Prescription Drugs and Supplies	\$80
<b>Specialty Pharmacy</b>	
Copayments or Coinsurance percentages that apply to each <b>One-Month Supply</b>	
Covered OTC Drugs	\$15
Preferred Generic Prescription Drugs and Supplies	\$15
Preferred Brand Name Prescription Drugs and Supplies	\$25
Non-Preferred Prescription Drugs and Supplies	\$40

**Diabetes Medication and Supplies**

Copayments or Coinsurance percentages that apply to each **One-Month** Supply

Preferred Generic Prescription Drugs and Supplies	\$3
Preferred Brand Name Prescription Drugs and Supplies	\$12

**Other Important Information affecting what you will pay:**

- If the you or your Provider requests a Brand Name Prescription Drug when there is a Generic Prescription Drug available; you will be responsible for:
  1. the cost share amount that applies to the Brand Name Prescription Drug you received, or in the case of a Non-Preferred Prescription Drug, the cost share amount that applies to Non-Preferred Prescription Drugs, as indicated in this Schedule of Benefits; **and**
  2. the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug or Non-Preferred Prescription Drug you received, unless the Provider has indicated on the Prescription that the Brand Name Prescription Drug or Non-Preferred Drug is Medically Necessary.
- Some Specialty medications may be dispensed in lesser quantities due to manufacturer package size or course of therapy and certain Specialty Pharmacy products may have additional quantity limits.
- You can also get up to a Three-Month Supply of a Covered Prescription Drug or Covered Prescription Supply (except Specialty Drugs) purchased at a retail Participating Pharmacy. Specialty Drugs are covered only up to a One-Month Supply.
- Specialty Drugs, as designated in the Medication Guide, are not covered when purchased through the Mail Order Pharmacy.