

# 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        |

## 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.