

BlueScript[®] Pharmacy Program

Schedule of Benefits

This Pharmacy Program Schedule of Benefits is part of the BlueScript Pharmacy Program Endorsement, both of which should be reviewed carefully. To verify if a Pharmacy is a Participating Pharmacy, the Covered Plan Participant may access the Pharmacy Program Provider Directory on our website at www.floridablue.com or call the customer service phone number on the Identification Card. References to Deductible are abbreviated as “DED” and references to Benefit Period are abbreviated as “BP”.

	Participating Pharmacy
<u>Preferred Generic Prescription Drugs and Covered OTC Drugs purchased at:</u>	
Retail Pharmacy – For up to a One-Month Supply	\$15
Specialty Pharmacy - For up to a One-Month Supply	\$15
Mail Order Pharmacy – For up to a Three-Month Supply	\$30
<u>Preferred Brand Name Prescription Drugs or Supplies purchased at:</u>	
Retail Pharmacy – For up to a One-Month Supply	\$25
Specialty Pharmacy - For up to a One-Month Supply	\$25
Mail Order Pharmacy – For up to a Three-Month Supply	\$50
<u>Non-Preferred Prescription Drugs or Supplies purchased at:</u>	
Retail Pharmacy – For up to a One-Month Supply	\$40
Specialty Pharmacy - For up to a One-Month Supply	\$40
Mail Order Pharmacy – For up to a Three-Month Supply	\$80

	Participating Pharmacy
<u>Diabetes Medication and Supplies:</u>	
Preferred Generic Prescription Drugs and Covered OTC Drugs	\$3
Preferred Brand Name Prescription Drugs or Supplies	\$12

Other Important Information affecting what you will pay:

- If you or your Provider request 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.
- The Specialty Pharmacies designated, solely by us, are the only “In-Network” suppliers for Specialty Drugs. With BlueScript, you may choose to obtain Specialty Drugs from any Pharmacy; however any Pharmacy not designated by us as a Specialty Pharmacy is considered Out-of-Network for payment purposes under this BlueScript Pharmacy Program.
- 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.