

# BlueScript<sup>®</sup> Pharmacy Program

## Schedule of Benefits

You should carefully review this Pharmacy Program Schedule of Benefits. If you did not receive, or cannot find, the BlueScript Pharmacy Program Endorsement, which this Pharmacy Program Schedule of Benefits is a part of, contact us to obtain one. To verify if a Pharmacy is a Participating Pharmacy, you may access the Pharmacy Program Provider Directory on our website at [www.FloridaBlue.com](http://www.FloridaBlue.com) or call the customer service phone number on your Identification Card. References to Deductible are abbreviated as “DED” and references to Benefit Period are abbreviated as “BP”.

|  | <b>Participating Pharmacy</b> | <b>Non-Participating Pharmacy</b>               |
|--|-------------------------------|---|
| <b><u>Preferred Generic Prescription Drugs and Covered OTC Drugs purchased at:</u></b> |                               |   |
| Retail Pharmacy – For up to a One-Month Supply   | \$7.50                        | 50% of the Non-Participating Pharmacy Allowance |
| Specialty Pharmacy - For up to a One-Month Supply                                      | \$7.50                        | 50% of the Non-Participating Pharmacy Allowance |
| Mail Order Pharmacy – For up to a Three-Month Supply                                   | \$15                          | 50% of the Non-Participating Pharmacy Allowance |
| <b><u>Preferred Brand Name Prescription Drugs or Supplies purchased at:</u></b>        |                               |   |
| Retail Pharmacy – For up to a One-Month Supply   | \$25                          | 50% of the Non-Participating Pharmacy Allowance |
| Specialty Pharmacy - For up to a One-Month Supply                                      | \$25                          | 50% of the Non-Participating Pharmacy Allowance |
| Mail Order Pharmacy – For up to a Three-Month Supply                                   | \$50                          | 50% of the Non-Participating Pharmacy Allowance |

|  | <b>Participating Pharmacy</b> | <b>Non-Participating Pharmacy</b>               |
|--|-------------------------------|---|
| <b><u>Non-Preferred Prescription Drugs or Supplies purchased at:</u></b>     |                               |   |
| Retail Pharmacy – For up to a One-Month Supply                               | \$35                          | 50% of the Non-Participating Pharmacy Allowance |
| Specialty Pharmacy - For up to a One-Month Supply                            | \$35                          | 50% of the Non-Participating Pharmacy Allowance |
| Mail Order Pharmacy – For up to a Three-Month Supply                         | \$85                          | 50% of the Non-Participating Pharmacy Allowance |
| <b><u>Self-Administered Injectable and Specialty Prescription Drugs:</u></b> |                               |   |
| Retail Pharmacy – For up to a One-Month Supply                               | \$100                         | 50% of the Non-Participating Pharmacy Allowance |

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

- The following are covered at no cost to the Insured when prescribed by a Physician or other health care professional (except a Pharmacist) acting within the scope of his or her license and purchased at a Participating Pharmacy:
  1. Generic Prescription oral contraceptives indicated as covered in the Medication Guide;
 

Exceptions may be considered for Brand Name and/or Non-Preferred oral contraceptive Prescription Drugs when designated Generic Prescription Drugs in the Medication Guide are not appropriate for the Insured because of a documented allergy, ineffectiveness or side effects. In order for an exception to be considered, BCBSF must receive an “Exception Request Form” from the Insured’s Physician.

The Insured can obtain an Exception Request Form on BCBSF’s website at [www.FloridaBlue.com](http://www.FloridaBlue.com), or the Insured may call the customer service phone number on the Insured’s Identification Card and one will be mailed to the Insured upon request;
  2. Diaphragms indicated as covered in the Medication Guide; and
  3. Emergency contraceptives indicated as covered in the Medication Guide.
- 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.