

# BlueScript® Generic Choices Pharmacy Program

## Schedule of Benefits

This Pharmacy Program Schedule of Benefits is part of the BlueScript Generic Choices Pharmacy Program described in the BlueScript Generic Choices Pharmacy Program Endorsement, both of which should be reviewed carefully. Prescription Drug coverage is subject to the **Exclusive Provider Provision** explained in your BlueScript Pharmacy Endorsement. If you use a Pharmacy other than a designated Exclusive Pharmacy for these Services you will be responsible for the full charge, except for Emergency Services.

For a list of Exclusive Pharmacies, or to view the Medication Guide, you may access the most recent provider directory or Generic Choices Medication Guide at [www.floridablue.com](http://www.floridablue.com) or call the customer service phone number on your ID Card.

<b>BENEFIT DESCRIPTION</b>	<b>Retail Pharmacy</b> (for <u>each</u> One-Month Supply*)	<b>Mail Order Pharmacy</b> (up to a Three-Month Supply)
<b>Tier 1:</b> Generic Prescription Drugs, insulin, Covered OTC Drugs and Covered Prescription Supplies	\$10	\$25
<b>Tier 2:</b> Brand Name Drugs indicated as covered in the Medication Guide	20% of the Exclusive Pharmacy Allowance or \$50, whichever is greater**	20% of the Exclusive Pharmacy Allowance or \$125, whichever is greater
<b>Maximum Cost Share per Tier 2 Prescription</b>	\$200	\$500

\* 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 Exclusive Pharmacy. Specialty Drugs are covered only up to a One-Month Supply.

\*\* If the Exclusive Pharmacy Allowance for a Tier 2 Drug is less than \$50, you will pay 100% of the Exclusive Pharmacy Allowance for that Drug.

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

- In order to be covered under this BlueScript Generic Choices Pharmacy Program, Brand Name Prescription Drugs and Supplies must be indicated as covered in the Medication Guide.
- 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.
- 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 as indicated in this Schedule of Benefits; **and**
2. the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug you received, unless the Provider has indicated on the Prescription that the Brand Name Prescription Drug is Medically Necessary.