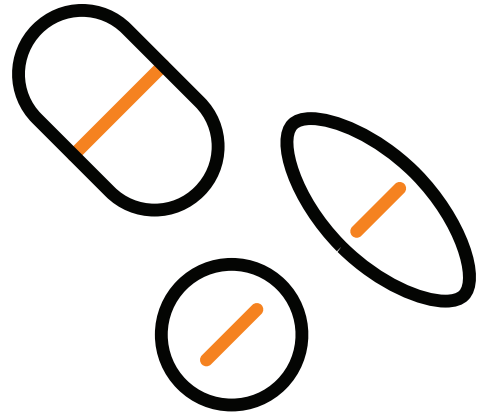




Guide to Prescription Drug Benefits



Your prescription drug coverage is an important part of your health plan. Use this guide to understand your benefits, see which drugs are covered, and learn about programs and resources that can help you save money.

[CapitalBlueCross.com](https://www.CapitalBlueCross.com)



Fill prescriptions when you want, where you want

Retail pharmacies

Find an in-network pharmacy from your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) and show your Capital Blue Cross ID card at the pharmacy where you fill your prescription. Your specific prescription drug benefit determines coverage, how much the drug will cost, as well as the quantity of drugs you can get at a retail or home delivery pharmacy¹.

If you choose an out-of-network pharmacy, download a claim form at [CapBlueCross.com/Forms](https://www.CapBlueCross.com/Forms). Send the completed form and your receipt to Pharmacy Services, PO Box 25136, Lehigh Valley, PA 18002-5136. Please refer to your Benefit Booklet (Certificate of Coverage) for more information about submitting claims for out-of-network pharmacies.

Home delivery

If you'd prefer to have your prescriptions delivered to your home, set up an account with Express Scripts^{®2}, your plan's home delivery pharmacy. Call **833.715.0946**, or visit [Express-Scripts.com/rx](https://www.Express-Scripts.com/rx) to get started. Tell your doctor to send your prescriptions to Express Scripts Home Delivery, and use your online account to manage refills, payment information, and other details as needed.

What drugs are covered?³

Your formulary is a list of FDA-approved drugs for a broad range of conditions that are eligible for coverage under your plan. Capital Blue Cross manages the formulary by including generic and brand-name prescription drugs that focus on your safety and help you save money. You can find your formulary at [CapBlueCross.com/Formulary](https://www.CapBlueCross.com/Formulary).

Brand-name drugs are marketed and sold under a specific trade name and are protected by a patent. Generic drugs are typically more affordable and offer a lower cost share than the brand-name versions. The active ingredient in a generic drug is chemically identical to the active ingredient in the brand-name version. To help lower your out-of-pocket costs, choose generic drugs whenever possible.³

Prescription drugs that aren't listed on your formulary are not covered by your plan, unless approved through the nonformulary consideration exception process. You or your provider may request a nonformulary exception if formulary drugs would not be as effective in treating your condition or would cause you to have adverse medical effects.

Find and compare drug costs

You can find the price of a drug at a specific pharmacy by signing into your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) and clicking on Prescription Benefits. On the next screen click Prescription Benefits again and then Find Medicines. There you can quickly and easily find coverage and cost information when you search by drug name or condition. The price shown is before your health plan benefits are applied.

Generic substitutions

Your plan may include a mandatory or restrictive generic substitution program. Check your Benefits Booklet to see if your plan includes either program.

Utilization Management⁴

Prior authorization

Some prescriptions require prior authorization to ensure they are medically appropriate and cost-effective. You can find which drugs require prior authorization on your formulary.

¹ Please refer to your Benefit Booklet (Certificate of Coverage) for more information about your prescription drug benefits.

² Express Scripts[®] Pharmacy is contracted through Prime Therapeutics LLC to provide mail pharmacy to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent pharmacy benefit manager. Express Scripts[®] Pharmacy is a trademark of Express Scripts[®] Strategic Development, Inc.

³ Refer to your plan/benefits documents for specific information about your prescription drug benefit. You can visit your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) to view the formulary and formulary status of your drugs.

⁴ Please consult your Benefits Booklet.

To prevent delays, you or your provider should request prior authorization before your prescription is filled. Your in-network provider will request authorization for you, but you can also start a request yourself by calling the Member Services number on your ID card (TTY: 711) or by logging in to your secure account.

Your plan won't cover drugs that require prior authorization unless an authorization is approved prior to dispensing. If it's not approved, you can still get your prescription, but you will be responsible for the entire cost of the drug. You may appeal the decision or ask your provider to prescribe a drug that is covered by your plan.

Step Therapy (ST)

Your prescription drug plan may include step therapy for certain drugs. This means you may need to try another proven, cost-effective drug before coverage may be available for the drug included in the program. Many brand drugs have less expensive generic or brand alternatives that might be an option for you. If step therapy is required for drugs in this document, they will be noted in the step therapy drug list. Some plans may have step therapy programs on additional drugs beyond those noted in this document. Refer to your Benefits Booklet for details about your particular benefits.

Quantity level limits⁵ (QLL)

Certain drugs have a quantity level limit to support safety. These drugs will be noted in the quantity level limits drug list. Limits may include the quantity of covered drugs per prescription, quantity of covered drugs in a given period of time, coverage only for members within a certain age range, and coverage only for members of a specific gender. If your provider prescribes a greater quantity of a drug than what the quantity level limit allows, you can still get the drug; however, you will be responsible for the full cost of the prescription beyond what your coverage allows.

Special programs

Medication Synchronization: You may obtain a partial fill or refill of your maintenance prescription drugs when you are taking two or more maintenance drugs. This can help make it easier for you to take your prescriptions correctly as prescribed. Maintenance drugs are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes, or high cholesterol. You can work with your in-network pharmacist so that the refill(s) sync up with your other maintenance drugs. Additionally, we will prorate your applicable cost-share amounts (e.g., copay or coinsurance) to align with the reduced supply. You can initiate a synchronization up to three times a year.

FlexAccess™: The FlexAccess program offers eligible members⁶ an opportunity to save on eligible high-cost drugs. This program will identify copay assistance programs for these drugs to help lower your cost share and make them more accessible and affordable for you.

Save through Mark Cuban Cost Plus Drug Company⁷: Capital is working with Cost Plus Drugs to give members greater access to many commonly prescribed, low-cost generic drugs. Most members can use their prescription drug plan to order. Learn more at [CapBlueCross.com/Cost-Plus-Drugs](https://www.CapBlueCross.com/Cost-Plus-Drugs).

Self-administered specialty drugs

Accredo⁸ serves as your plan's specialty drug pharmacy. If you need a specialty drug to manage your health condition, a patient care coordinator from Accredo will work with your healthcare team to help manage your needs. Accredo will contact you when they receive your prescription or when it's time for a refill. Call **833.721.1626** (TTY: 711) to set up an Accredo account, or visit [Accredo.com](https://www.Accredo.com) for more information.

⁵ Drug quantity level limits apply to all applicable generic equivalents of the brand-name products. Applicable home delivery quantity levels are two to three times the retail quantity level limits, depending on the prescription drug benefit design chosen by the member or employer group.

⁶ The FlexAccess program is available to large ASO and non-large ASO groups on an Advantage or Value Plus formulary. Groups may opt of the program. Therefore, members should consult with their employers regarding whether their group offers this program.

⁷ Mark Cuban Cost Plus Drug Company, PBC is contracted through Prime Therapeutics LLC to provide mail pharmacy services to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent pharmacy benefit manager.

⁸ Accredo is contracted through Prime Therapeutics LLC to provide specialty pharmacy services to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent pharmacy benefit manager.

Coverage of prescription drugs (i.e., any FDA approved medication that, by federal or state law, may not be dispensed without a prescription order) is subject to the terms and conditions of your Rx benefit plan. Drugs that are not FDA-approved are not covered.

90DayMyWay^{®9}

Your plan may include the 90DayMyWay program, which requires you to get your maintenance drugs in 90-day supplies. If so, remember to ask your doctor to write a 90-day prescription. You can fill your 90-day prescriptions through home delivery or at in-network pharmacies. Most popular retail chain and grocery store pharmacies are part of this network. You can locate a participating in-network pharmacy by logging in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) or calling the Member Services number on your ID card.

Questions?

Log in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) to manage your prescription drug benefits, see which drugs are covered by your plan, find pharmacies, and learn more about your plan's prescription drug coverage.

Also, your Member Services team is available 24 hours a day, seven days a week to answer your pharmacy benefit questions. You can call them at the number on your ID card (TTY: 711).

[CapitalBlueCross.com](https://www.CapitalBlueCross.com)



This document is available in alternate languages. If you require information presented in this guide in a language other than English, please call the Member Services number on your ID card and ask for interpreting services.

⁹ Some plans allow an initial 30-day fill and a 30-day refill for maintenance drugs before 90DayMyWay requires members to get 90-day fills. Check your Benefit Booklet (Certificate of Coverage) for details.

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

The information contained in this document was current at the time of printing and is subject to change. It is not intended to substitute your physician's independent medical judgement based on your specific needs. Please call the Member Services number on your ID card for the most current formulary information and your expected out-of-pocket costs.

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