BlueCare Rx® Pharmacy Program

Schedule of Benefits

This Pharmacy Program Schedule of Benefits is part of the BlueCare Rx Pharmacy Program described in the PRESCRIPTION DRUG PROGRAM section of your Benefit Booklet, both of which should be reviewed carefully. To find a Participating Pharmacy, you may access the Pharmacy Program Provider Directory website at www.floridablue.com or call the customer service phone number included on the your ID Card.

Pharmacy Deductible (DED) per Benefit Period (BP)..... $0

BENEFIT DESCRIPTION	YOUR COST
Participating Retail Pharmacy Copayments or Coinsurance percentages that apply to each **One-Month Supply**	
Covered OTC Drugs	$10
Preferred Generic Prescription Drugs and Supplies	$10
Preferred Brand Name Prescription Drugs and Supplies	$60
Non-Preferred Prescription Drugs and Supplies	$100
Home Delivery Pharmacy Copayments or Coinsurance percentages that apply to each **Three-Month Supply** unless indicated otherwise	
Covered OTC Drugs	$20
Preferred Generic Prescription Drugs and Supplies	$20
Preferred Brand Name Prescription Drugs and Supplies	$120
Non-Preferred Prescription Drugs and Supplies	$200
Specialty Pharmacy Copayments or Coinsurance percentages that apply to each **One-Month Supply**	
Covered OTC Drugs	$10
Preferred Generic Prescription Drugs and Supplies	$10
Preferred Brand Name Prescription Drugs and Supplies	$60
Non-Preferred Prescription Drugs and Supplies	$100
Specialty Drugs	$250

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.

  Note: The difference in cost described in 2 above is a benefit penalty and therefore does not help to satisfy your Deductible or Out-of-Pocket Maximums.

- Specialty Drugs are only covered when purchased from the Specialty Pharmacy and only up to a One-Month Supply. Certain Specialty Pharmacy products may have unique quantity limits. Specialty Drugs may be dispensed in lesser or greater quantities due to manufacturer package size or FDAapproved dosage requirements for a course of therapy. These unique quantity limits will be indicated in the Medication Guide.

- 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, as designated in the Medication Guide, are not covered when purchased through the Home Delivery Pharmacy.