

Copayments and Coverage

We want to ensure that the drug prescribed for you is covered by your Blue Shield plan, so we advise our physicians to consult their copy of the Blue Shield Drug Formulary when writing prescriptions. If your doctor prescribes a brand-name drug that is not listed in the formulary, consider asking him or her whether a formulary drug may be just as effective and can be prescribed.

Members with a benefit only for formulary drugs:

Drugs not included on the Blue Shield Drug Formulary generally are excluded from coverage. There is an exception: Non-formulary drugs may be approved for coverage if the formulary medication prescribed is ineffective for you and your physician obtains prior authorization from Blue Shield Pharmacy Services.

Members with a benefit for non-formulary drugs at a higher copayment are covered for drugs not listed on the formulary unless the drug is a benefit exclusion.

For non-formulary drugs, the higher copayment always applies. (If you are not certain about which of the above coverage applies to you, please check your *Evidence of Coverage* or *Certificate of Insurance/Policy*).

Members with a prescription deductible will pay 100 percent of the Blue Shield participating pharmacy contract price for applicable prescriptions, until the prescription calendar year deductible is met. After meeting the deductible, members are responsible for the appropriate copayment. For all members, selected drugs and drug dosages may require your physician to obtain prior authorization for medical necessity from Blue Shield Pharmacy Services.

Please refer to the Blue Shield Outpatient Prescription Drug Benefit listed in your Summary of Benefits or Outline of Coverage

and *Evidence of Coverage* or *Certificate of Insurance/Policy* for complete information on drug inclusions and exclusions. (Injectable medications may be covered under your medical benefit.)

What is a generic drug?

A generic drug has three characteristics:

- It must contain the same active ingredient(s) as the brand-name drug.
- The Food and Drug Administration (FDA) must consider it to be therapeutically equivalent to the brand-name drug.
- It must cost less than the brand-name drug.

The Blue Shield Drug Formulary includes most generic drugs, even if they are not listed. Those excluded from coverage, for example, are generic drugs used for cosmetic purposes.

Generic drugs, when available, are usually your best value. Most Blue Shield health plans include a lower copayment for generic drugs compared to brand-name drugs. Generic equivalents will be dispensed when available unless the physician specifies to dispense brand only.

What is a brand-name drug?

A brand-name drug is produced and sold under the original manufacturer's brand name. Many brand-name drugs that do not have a generic equivalent are included in the Blue Shield Drug Formulary.

If you or your physician request a brand-name drug for which an equivalent generic drug is available, you usually pay a copayment for the generic drug plus the cost difference between the brand-name drug and its equivalent generic. If you have additional questions about your pharmacy benefit, or drugs listed in the formulary, please refer to your *Evidence of Coverage* or *Certificate of Insurance/Policy*. You can also call the toll-free number listed on the front of your Blue Shield member ID card, or log on to mylifepath.com.



Prescription Drug Program

The Blue Shield Prescription Drug Program* provides covered drugs from a network of chain and independent pharmacies and a mail service pharmacy.

Chain and Independent Pharmacies.

The Blue Shield Participating Pharmacy Network includes all major pharmacy chains and many independent pharmacies in California. To locate a participating pharmacy, call the 800 number on your Member ID card or visit mylifepath.com. To receive covered drugs using your Blue Shield pharmacy benefit, present your Blue Shield member ID card and your prescription to a Blue Shield participating pharmacy.

Your pharmacist will fill your prescription for covered drugs according to the physician's directions up to the supply allowed by your benefit. The applicable retail copayments will be charged for each covered prescription.

Mail Service Pharmacy

Mail service, provided by Express Scripts in Tempe, Ariz., allows you the convenience of receiving a larger supply of covered maintenance drugs. The mail service pharmacy is available for individuals who are taking stabilized dosages of covered maintenance drugs on an ongoing basis for treatment of long-term conditions, such as high blood pressure. Drugs such as antibiotics used for short-term conditions and drugs used on an "as needed" basis, including drugs for pain, should not be filled through the mail service pharmacy.

To obtain drugs through mail service, complete the enclosed Patient Profile Questionnaire. Send the completed questionnaire, your original prescription(s), and the applicable mail service copayment(s) for each drug to the mail service pharmacy.

The mail service pharmacy will fill your prescription(s) for covered maintenance drugs according to the physician's directions up to the supply allowed by your benefit. The pharmacist cannot increase the quantity of medication that your physician prescribes. The applicable mail service copayment will be charged for each covered prescription.

Please allow up to 14 days for delivery from the time you mail your prescription. If you have a question about the status of your mail service prescription, please call Express Scripts at **(800) 544-6962**. This is a 24-hour customer service number.

For refills, call Express Scripts at **(800) 295-2956** and follow the telephone prompts to use the automated reorder system. You can also order refills via "Pharmacy Services" at mylifepath.com.

Mail Pharmacy Special Services

For the convenience of our hearing impaired customers with special TTY equipment in their homes, there is a special toll-free number to call: **(800) 972-4348**. For more information about pharmacy drug coverage, your copayment, any applicable deductible amount, or eligibility, call the Member Service number on your Blue Shield member ID card, or log on to mylifepath.com.

* Applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company.

Order Form and Patient Profile

Separate order form, fold, insert into supplied envelope, seal closed and mail. If this is the first time you are using this mail service, please fill out this application.

Member Name _____ Date of Birth _____

Member ID Number _____ Sex _____

Drug Allergies: None Penicillin Codeine Sulfa Aspirin Other _____

Spouse Name _____ Date of Birth _____

Spouse ID Number _____ Sex _____

Drug Allergies: None Penicillin Codeine Sulfa Aspirin Other _____

Dependent Name _____ Date of Birth _____

Dependent ID Number _____ Sex _____

Drug Allergies: None Penicillin Codeine Sulfa Aspirin Other _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number (____) _____ Home Phone Number (____) _____

I prefer child resistant caps:

Doctor's Name _____ Phone Number (____) _____

Please Insert Prescription and Payment

PAYMENT INFORMATION:

Check/Money Order VISA MasterCard Discover Card American Express

Credit Card Number _____ Expiration Date _____

Number of prescriptions enclosed _____ Total dollar amount enclosed \$ _____

Please Note and Sign: I certify that the information provided on this form is correct and authorize the release of all information to Blue Shield of California or Blue Shield Life & Health Insurance Company if applicable.

We will dispense FDA-approved generic medication when allowed by your physician, subject to terms outlined in your plan.

SIGNATURE _____ DATE _____

Refill Prescription Numbers # _____ # _____ # _____