

Guide to Prescription Drug Benefits

Your prescription drug coverage is one of the most important parts of your health plan. Use this guide to understand how your benefits work, see which drugs are covered by your plan, and learn about programs and resources that can help you save money.

The programs, phone numbers, and online resources in this guide are effective January 1, 2020.

Capital **BLUE** 

Capital BlueCross is an Independent Licensee of the BlueCross BlueShield Association

Fill Prescriptions When You Want, From Where You Want

Retail pharmacies (local neighborhood or chain store pharmacy)

Show your Capital BlueCross member ID card at any in-network pharmacy when you have a prescription to fill. You can find in-network pharmacies by logging in to your secure account at [capbluecross.com](https://www.capbluecross.com). Your plan's benefits will determine if or how much you are charged when you pick up your medication. Note that 75 percent of your previous supply must be used before you can get a refill.*

- For most plans, in-network pharmacists will automatically submit a claim for you. You will be responsible for paying your cost share, according to your plan.†
- If you go to an out-of-network pharmacy and need to submit a claim, you can download a form from [capbluecross.com](https://www.capbluecross.com). After completing it, please send the form and your receipt to: Pharmacy Services, P.O. Box 25136, Lehigh Valley, PA 18002-5136.

Home Delivery

Enjoy the convenience of having prescriptions delivered straight to your home. AllianceRx Walgreens Prime is your plan's home delivery pharmacy and makes it easy to get the drugs you need to be your healthiest.‡

- Set up an account (including payment information) with AllianceRx Walgreens Prime at [855.924.8421](tel:855.924.8421) or visit alliancerxwp.com/home-delivery. You also can log in to your secure account at [capbluecross.com](https://www.capbluecross.com) and choose *Start* or *Manage Home Delivery*.
- Ask your doctor to send your prescription to AllianceRx Walgreens Prime.
- Continue managing your home delivery service (auto-refills, change in contact information, updated payment information, etc.) through your online account.

* The amount of medication you can obtain at a retail or home delivery pharmacy depends on your drug benefit. Please refer to your Certificate of Coverage or policy.

† Some plans may require paper claim submissions to process reimbursements. Check your certificate of coverage for more information.

‡ On behalf of Capital BlueCross, AllianceRx Walgreens Prime, an independent company by Walgreens Specialty Pharmacy Holdings, LLC, assists in dispensing home delivery and specialty drugs for our members.

Tips and Reminders for Home Delivery

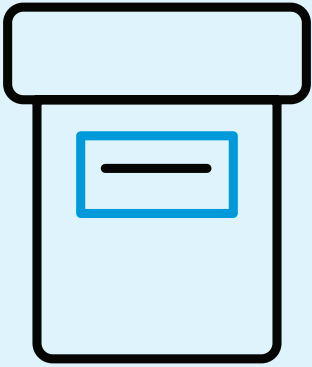
When ordering a 90-day supply or refills of a prescription drug through home delivery:

- Be sure your doctor indicates 90-day supply and the number of refills you need on your written prescription
- Note that 60 percent of the previous supply must be used before a refill is sent
- Allow up to 14 days for delivery and have at least two weeks of medication on hand when ordering any refills

You can set up auto-refills so you can conveniently continue receiving your medications at home until you have either used all of your refills or your prescription expires. Note that you will need to set up auto-refills each time your doctor writes a new prescription for you, even if it is for a drug you have ordered before.

Orders totaling \$199 or less will be charged to the payment method in your account (a credit or debit card, for example). If your order is \$200 or more, you must authorize payment before your order will be shipped. AllianceRx Walgreens Prime (the home delivery pharmacy), will attempt to call you three times for payment authorization. If they are unable to reach you or you do not return their call after the three attempts, your order will be canceled.





What Drugs Are Covered

Your formulary is a list of drugs covered by your health plan. Capital BlueCross manages the formulary by including generic and brand-name prescription drugs that focus on your safety and help you save money. Every drug listed on the formulary has been approved by the U.S. Food and Drug Administration (FDA), which means they have been carefully tested and meet strict safety standards.

Generic drugs are typically the most affordable and offer a lower cost share than brand-name drugs. 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. Your formulary may classify generic drugs into two categories: generic preferred and generic nonpreferred. The difference between the two is their cost—generic preferred drugs typically cost less than generic nonpreferred drugs. Note, however, that generic nonpreferred drugs usually cost less than brand-name drugs.*

Brand-name drugs are marketed and sold under a specific trade name and are protected by a patent. Your formulary may classify brand drugs into two categories: preferred and nonpreferred. Brand preferred drugs usually cost more than generics but normally cost less than other brand drugs that treat the same condition. Brand nonpreferred drugs usually have the highest cost share and receive their label because they have not been found to be more cost effective than available generic, over-the-counter, or preferred brand drugs.

Which drugs does my plan cover?

You can find your formulary on your secure account at [capbluecross.com](https://www.capbluecross.com).

* Not all benefits include separate cost shares for generic preferred or generic nonpreferred drugs. For benefits that have one generic cost share for generic drugs, the cost share will be applied to all generic drugs. Refer to your Certificate of Coverage for specific information about your prescription drug benefit. You can visit your secure account at [capbluecross.com](https://www.capbluecross.com) to view the formulary and formulary status of your drugs.

Prior Authorization*

This process encourages medically appropriate and cost-effective use of certain drugs. You can easily find these drugs on your formulary by looking for the **PAR** symbol next to their names.

To help prevent possible delays in filling prescriptions that require prior authorization, you or your doctor should request prior authorization before your prescriptions are filled. Your benefits will not cover prescription drugs that require prior authorization until the authorization is secured.

Your in-network doctor will request prior authorization for you. You can also start a prior authorization request by calling the Member Services number on your member ID card or by logging in to your secure account at capbluecross.com. You will need:

- Your name (as it appears on your member ID card)
- Your member number
- Your date of birth
- Name of the drug
- Name of the doctor who prescribed the drug
- Prescribing doctor's phone number
- Prescribing doctor's fax number (if available)

If your authorization is not approved, you can still get your prescription; however, you will be responsible for the entire cost of the drug. You may appeal the decision or you may ask your doctor to prescribe another drug that is covered by your benefits.

Note that if your prescribing doctor is not in Capital BlueCross' network, you are responsible for requesting prior authorization.

* Prior authorization requests are processed as soon as possible once all information/documentation is received by Capital BlueCross. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. In-network physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Enhanced Prior Authorization* (Step Therapy)

Your plan includes a process called enhanced prior authorization for certain prescription drugs, which means you may be asked to try a different drug first. Your doctor or pharmacist can call Capital BlueCross at the phone number listed on your member ID card to start enhanced prior authorization. You can also start the process by calling the Member Services number on your member ID card or through your secure account at [capbluecross.com](https://www.capbluecross.com).

Drug Quantity Management Program

Your plan also includes quantity limits for certain prescription drugs to support safety. Prescription drugs that require quantity level limits will have a **QLL** symbol next to their name on your formulary. If your prescription is written for more than the allowed quantity, your pharmacy will only fill up to the allowed amount. Your doctor can request an exception to quantity limits by calling the number on your Capital BlueCross member ID card.

Generic Substitution Program

Your benefits may include a mandatory or restrictive generic substitution program to help control drug costs. Under the mandatory program, your pharmacy may replace a brand-name drug with a generic one. If you request the brand-name one, you will be charged the brand-name cost share plus the cost difference between the generic and brand-name medication.

Under the restrictive program, your doctor can write Brand Medically Necessary on your prescription. In this case, you will only be charged the brand-name cost share. However, if you request a brand-name drug when a generic is available, you will be charged the brand-name cost share plus the cost difference between the generic and brand-name medication.

Check your plan highlight sheet or Certificate of Coverage to see if either program applies to your plan.

* Prior authorization and/or drug quantity management override requests are processed as soon as possible once all information/documentation is received by Capital BlueCross. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If a prior authorization and/or drug quantity management override request is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. In-network physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Specialty Drugs (self-administered)

AllianceRx Walgreens Prime serves as your plan's specialty drug pharmacy. If you need a specialty drug to manage your unique health condition, a patient care coordinator from AllianceRx Walgreens Prime will work with a team of pharmacists, nurses, your doctor, and Capital BlueCross to give you personalized care that helps best manage your needs. Your services include:

- Help getting prior authorization and refills
- The convenience of having your drugs delivered directly to your home at no additional cost
- Free supplies, such as needles, syringes, and disposal containers
- Training and educational resources to help ensure you know how to take your medication
- Care management programs that can help you get the best results from our prescribed drug therapy

Your Certificate of Coverage includes specific terms, conditions, exclusions, and limitations about your specialty drug benefits.

For more information about specialty drugs, call AllianceRx Walgreens Prime at **800.533.7606**.

Pharmacy Networks

As a Capital BlueCross member, you have access to thousands of retail pharmacies across the country, including many well-known chains (such as CVS, Rite Aid, Target, and Wal-Mart), grocery stores, and independent pharmacies. To help ensure you pay the lowest amount for your prescription drugs, use a pharmacy in your plan's network. You can find in-network pharmacies by logging in to your secure account at [capbluecross.com](https://www.capbluecross.com) or calling the Member Services number on your member ID card.

90DayMyWay®

If your plan includes this program, you must get your maintenance drugs in 90-day supplies. Remember to ask your doctor to write a 90-day prescription. You can fill your 90-day prescriptions for maintenance drugs through home delivery or by picking them up at pharmacies that are part of the Extended Supply Network.

* 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 certificate of coverage for details.

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.

Extended Supply Network

This network includes pharmacies that are allowed to dispense prescription drugs in amounts up to 90 days. Most of the popular retail chain and grocery store pharmacies are part of the Extended Supply Network. You can find which pharmacies are part of the Extended Supply Network by logging in to your secure member account at [capbluecross.com](https://www.capbluecross.com) or calling the Member Services number on your member ID card.

Contact Us

Log in to your secure account at [capbluecross.com](https://www.capbluecross.com) to manage your prescription drug benefits. See which drugs are covered by your plan (your formulary), find pharmacies, and learn more about your plan's prescription drug programs in this one-stop shop.

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 member ID card.



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 member ID card and ask for interpreting services.

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 member ID card for the most current formulary information and your expected out-of-pocket costs.

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