

Prescription Program

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com .	Generic drugs	\$20 <u>copay</u> /prescription (retail) \$40 <u>copay</u> /prescription (mail order)	Not Covered	34-day retail/90-day mail. RX <u>Out-of-Pocket</u> Expense Limit: \$1,000 Individual/\$2,000 Family.
	Preferred brand drugs	\$50 <u>copay</u> /prescription (retail) \$100 <u>copay</u> /prescription (mail order)	Not Covered	Dispensing limit may apply to certain drugs.
	Non-preferred brand drugs	\$70 <u>copay</u> /prescription (retail) \$140 <u>copay</u> /prescription (mail order)	Not Covered	Certain women's <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	<u>Specialty drugs</u>	\$70 <u>copay</u> /prescription (retail)	Not Covered	Coverage based on group policy. Prior <u>authorization</u> may be required. Step Therapy approach may be required. <u>Specialty drugs</u> limited to a 30-day supply

For prescriptions purchased through the mail order program, copayment amounts are \$20, \$60, or \$100 based on the brand/formulary of the drug. This benefit provides up to a 90-day supply of maintenance drugs used on a continuous basis for treatment of chronic health conditions. Please use the form below: [BlueCross BlueShield Mail Order Prescription Form](#)

For additional information regarding BCBS's new mail at home delivery options through Accredo or Express Scripts® Pharmacy, starting Oct. 1, 2021 click here: http://www.bcbsilcommunications.com/newsletters/bv_na/2021/0618/stories/NLT_NACT_BV_IL_061821_PHARMACY_SERVICES.html