

Your prescription drug plan divides all covered drugs into four different levels (tiers).

**Tier 1, Tier 2, and Tier 3** drugs are listed in the Preferred Drug List.

**Tier 4** drugs are listed in the Specialty Drug List. Both lists can be found on [BCBSRI.com](http://BCBSRI.com) in the Pharmacy section.

		Copayment per 30-day supply	Mail Order 90-day supply
<b>Tier 1</b>	Generic drugs	\$7	\$17.50
<b>Tier 2</b>	Preferred brand name drugs	\$25	\$62.50
<b>Tier 3</b>	Non-preferred brand name drugs	\$40	\$100
<b>Tier 4</b>	Specialty drugs	\$40*	N/A

*\*Infertility drugs, including oral and injectable drugs, are covered with a 20% coinsurance.*

## Filling Prescriptions

**Network retail pharmacies.** Our network includes approximately 60,000 retail pharmacies. Please visit [BCBSRI.com](http://BCBSRI.com) for our participating pharmacy directory.

**Mail order through CVS Caremark.** You can order up to a **90-day supply** of most drugs through the mail (excludes specialty drugs).

- You can access CVS Caremark by logging in to [BCBSRI.com](http://BCBSRI.com). Select “Pharmacy” on the left hand side of your member home page and follow the prompt from there.
- You can also call CVS Caremark at 1-866-329-3053 (TDD 1-800-231-4403).
- To request a mail order brochure, please contact BCBSRI Customer Service.

## About Specialty Drugs

Specialty drugs must be purchased at one of the participating specialty pharmacies listed below to receive the maximum benefit. You can receive up to a 30-day supply at a time.

**Caremark Specialty Pharmacy Services**  
1-866-278-6634

**Village Fertility Pharmacy**  
1-877-334-1610

You or your doctor may need to get prior authorization (pre-approval) for some specialty drugs before they will be covered.

## Using Out-of-network Pharmacies

**Tier 1, Tier 2, and Tier 3:** There is no coverage for non-participating retail and mail order pharmacies.

**Tier 4:** If you purchase a specialty drug at a non-participating specialty pharmacy, you must pay for it in full at the time of purchase. You will be reimbursed at 50% of our allowance for most specialty drugs. Specialty infertility drugs will be reimbursed at 80% of our allowance.

## Saving Money on Prescription Drugs

**Choose generic drugs when appropriate.** Generic drugs have the same active ingredients as their brand name equivalents, and are approved by the U.S. Food and Drug Administration (FDA). Ask your doctor if you can take a generic drug.

**Choose over-the-counter drugs whenever possible.** Over-the-counter drugs (OTCs) are medications that do not require a prescription. Most are less expensive than their prescription equivalents, but have the same active ingredients. Ask your doctor if an OTC drug is available for you.

**Choose preferred brand name drugs when appropriate.** If no OTC or generic drug is available, ask your doctor if you can take a Tier 2 (preferred brand name) drug.

**Half-tab program:** With your physician's approval, you can have certain prescriptions filled at double the strength, get half the amount of pills and only pay half the amount of your drug copayment. You will be provided a pill splitter with this voluntary program and will take a half-tablet dosage instead of a whole pill. Consult with your physician to see if this practice is safe for the medications and dosages prescribed to you.

If you have any questions related to your prescription drug program, please call us at the appropriate number below.

**Customer Service for BlueCHIP plans:** (401) 274-3500 (within RI) or 1-800-564-0888 (outside of RI only)

**Customer Service for all other BCBSRI plans:** (401) 459-5000 (within RI) or 1-800-639-2227 (outside of RI only)

**Telecommunications Device for the Deaf (TDD):** 1-888-252-5051