



A Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Schedule of Benefits - Prescription Drug

Per-prescription Copayment

Generic Drugs - \$10 Copayment*

The Copayment will be applied as follows:

<u>Quantity Dispensed</u>	<u>Number of Copayments</u>
1 to 30 days	1 Copayment
31 to 60 days [±]	2 Copayments
61 to 90 days [±]	3 Copayments

Preferred Drugs - \$25 Copayment*

The Copayment will be applied as follows:

<u>Quantity Dispensed</u>	<u>Number of Copayments</u>
1 to 30 days	1 Copayment
31 to 60 days [±]	2 Copayments
61 to 90 days [±]	3 Copayments

Non-Preferred Brand Drugs - \$50 Copayment*

The Copayment will be applied as follows:

<u>Quantity Dispensed</u>	<u>Number of Copayments</u>
1 to 30 day	1 Copayment
31 to 60 days [±]	2 Copayments
61 to 90 days [±]	3 Copayments

Benefits

- Prescription Drugs must be drugs that are required by federal and state law to be dispensed only by prescription.
- Benefits are provided for Prescription Drugs dispensed for a Member's use when recommended by and while under the care of a Participating Provider (or Medical Group Participating Provider), provided such care and treatment is Medically Necessary and is a Covered Service in the Group Master Agreement.
- Benefits for Prescription Drugs are available to the Member only:
 1. In accordance with a Prescription Order.
 2. After the Member has incurred charges equal to the Copayment for each Prescription Order. If the charge for the Member's prescription is *less* than the Copayment, the Member will pay the lesser amount.
 3. Dispensed by a Participating Retail Pharmacy (except in Emergency situations).
- Benefits include:
 1. Injectable insulin, insulin syringes and blood glucose treatment strips.
 2. Oral contraceptives, regardless of Medical Necessity (each month's supply of oral contraceptives is considered a separate prescription).
 3. Self-injectables will be reimbursed as any other Prescription Drug. Injectable drugs purchased from a Physician and administered in his/her office are not considered a self-injectable for purposes of this Schedule of Benefits.

Copayment for Prescription Orders is governed by the BlueLincs formulary. A listing of Preferred Brand Drugs is available from Member Services or on the Blue Cross and Blue Shield of Oklahoma Web site, located at www.bcbsok.com.

Copayments are to be collected by the Participating Retail Pharmacy at the time the Prescription Order is dispensed. Copayments do not apply to the Member's Out-Of-Pocket Maximum specified in the Member's Schedule of Benefits.

Limitations on Benefits

- **Maximum Quantities:** Benefits will be provided for Prescription Drugs dispensed in the following maximum quantities:
 1. Up to a 30-day supply or 100 unit doses (whichever is less) for one (1) single Copayment; or
 2. Up to a 60-day supply or 200 unit doses (whichever is less) for drugs designated by BlueLincs HMO as maintenance legend Prescription Drugs (excludes oral contraceptives) for two (2) Copayments.[§]
 3. Up to a 90-day supply or 300 unit doses (whichever is less) for drugs designated by BlueLincs HMO as maintenance legend Prescription Drugs (excludes oral contraceptives) for three (3) Copayments.[§]Prescription Drug benefits are not provided under this Schedule of Benefits for charges for Prescription Drugs dispensed in excess of the above stated amounts.
- Benefits will not be provided for a Prescription refill until 75 percent of the prescribed dosage has been used.
- In order for a Prescription Drug obtained from a Non-Participating Pharmacy to be covered, the following criteria must be met:

1. The Member is outside the Service Area and the Physician orders the Prescription Drug to treat a covered Emergency condition (as determined by BlueLincs HMO); or
2. The Member's Primary Care Physician orders the immediate use of a Prescription Drug due to a Medical Necessity, and no Participating Retail Pharmacy is open.

Benefits are limited to a three-day supply per Prescription Order in the case of Prescription Drugs for Emergency conditions. BlueLincs HMO reserves the right to determine what constitutes an Emergency or Medical Necessity. To receive reimbursement for Emergency prescriptions, the Member must send BlueLincs the pharmacy receipt showing payment, name of the Prescription Drug, itemized cost, and a written statement regarding the circumstances of the Emergency.

Certain drugs require the Member to receive Preauthorization (Precertification) in order for benefits to be provided under the Group Master Agreement. Precertification may be requested by the Member or Physician before the drug is dispensed. BlueLincs may deny coverage for these drugs or specify that a limited quantity of the drugs be dispensed.

Exclusions

No benefits will be provided under the Prescription Drug Benefit Supplement for:

- Human growth hormones
- Contraceptive devices
- Prescription vitamins (except prenatal vitamins taken during pregnancy)
- Appetite suppressants or other agents used for weight loss
- Smoking cessation products or devices
- Drugs used for treatment of learning disabilities, except for treatment of attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) for Subscribers age 19 and under.
- Infertility drugs
- Needles and syringes (except insulin syringes)
- Non-prescription drugs (includes over-the-counter items)
- Medications or devices used to retain or alter hair growth
- Drugs not FDA-approved
- Drugs used for male erectile dysfunction
- Drugs used for cosmetic purposes
- Medications used for elective abortions

This product description is intended to be a Schedule of Benefits available through this program and is incorporated into the Group Master Agreement. In the event of any inconsistencies between the language in this Schedule of Benefits and the Group Master Agreement, the terms in the Group Master Agreement shall control.

*Copayments are to be collected at the time service is rendered or at the convenience of the Provider.

‡Maintenance drugs only

†BlueLincs maintains a list of Preferred Drugs that have been reviewed and approved by a committee of Participating Physicians and pharmacists. Periodic changes to this list of preferred drugs are made by this committee.

§Food and Drug Administration determines drugs eligible for 60- or 90-day prescriptions.